

Efunnuga, Olutokunbo
 DOB: 3/6/1979 M37
 Wt/Ht: 90.7 Kg (est.) 170.18 cm.
 MedRec: F001250247
 AcctNum: FA1307223089

MERCY FITZGERALD HOSPITAL

ED RECORD

Patient Data

Complaint: UNRESPONSIVE
Triage Time: Fri Oct 07, 2016 07:17
Urgency: ESI 2
Bed: ED ED
Initial Vital Signs: 10/7/2016 07:17
BP:
P:
O2 sat:

ED Attending: Halstead,MD (7-3652), Jeffrey
Primary RN: Martin, RN, Jennifer

R:
T:95.0 (Rectal)
Pain:

ADMIN

PATIENT DATA CHANGE: Resident changed from (none) to Daniel Mirsch. (07:17

RDMI)

Attending changed from (none) to Jeffrey Halstead,MD (7-3652). (07:17 PJH)

Primary Nurse changed from (none) to Jennifer Martin, RN. (07:39 NJM)

A08 61345207 by Interface, PCP Doctor: None Doctor, Race: AA, Ethnicity: Unknown, SSN:

000000000, Payment: (none). (07:40)

Resident changed from Daniel Mirsch to Brianne Giliberto. (07:42 RBG)

A08 61346266 by Interface. (08:09)

A06 61346601 by Interface. (08:20)

A08 61346738 by Interface, Payment: (none), Referring Doctor: Jeff Halstead. (08:25)

Admit Room: 506, Admit Area: 5 Pav. (08:27 SJS)

VITAL SIGNS

VITAL SIGNS: Temp: 95.0 (Rectal), Time: 10/7/2016 07:17. (07:17 NDT1)

Pain: 0 (No Complaint of Pain), Time: 10/7/2016 07:28. (07:28 NJM)

BP: 139/94, Pulse: -120-, Resp: -20-, O2 sat: -100- on Ventilator, Time: 10/7/2016 07:44. (07:44

NJM)

BP: 146/98, Pulse: -120-, Resp: -15-, O2 sat: -100-, Time: 10/7/2016 07:39. (07:39 NJM)

BP: 149/96, Pulse: -120-, O2 sat: -100- on Ventilator, Time: 10/7/2016 07:37. (07:37 NJM)

BP: 144/97, Pulse: -119-, Resp: -20-, O2 sat: -100- on Ventilator, Time: 10/7/2016 07:46. (07:46

NJM)

BP: 113/79, Pulse: -116-, Resp: -18-, O2 sat: -100- on Ventilator, Time: 10/7/2016 08:59. (08:59

NJM)

BP: 142/91, Pulse: -119-, Resp: -20-, O2 sat: -100- on Ventilator, Time: 10/7/2016 07:51. (07:51

NJM)

PRESENTING PROBLEM (07:17 NDT1)

Presenting problems: Respiratory Problem.

TRIAGE (Fri Oct 07, 2016 07:17 NDT1)

TRIAGE NOTES: patient was found lethargic, unresponsive when he was brought in to the ED.

Medics gave 1 amp of naran. (Fri Oct 07, 2016 07:17 NDT1)

PATIENT: NAME: Efunnuga, Olutokunbo, AGE: 37, GENDER: male, DOB: Tue Mar 06, 1979,

TIME OF GREET: Fri Oct 07, 2016 07:04, Non-US TRAVEL 30days: Unable to asses due to patient

condition, *Patient Symptoms: UNABLE TO DETERMINE DUE TO PT CONDITION, MD Notified

ofTravel: * Not Applicable, Zip Code: 19050, KG WEIGHT: 90.72 (est.), HEIGHT/LENGTH: 170.18cm,

BMI: 31.32, PHONE: (000)000-0000, MEDICAL RECORD NUMBER: F001250247, ACCOUNT

NUMBER: FA1307223089, PCP: Doctor, None. (Fri Oct 07, 2016 07:17 NDT1)

ADMISSION: URGENCY: ESI 2, TRANSPORT: ALS Ambulance, BED: ED 06. (Fri Oct 07,

2016 07:17 NDT1)

VITAL SIGNS: Temp 95.0, (Rectal), Time 10/7/2016 07:17. (07:17 NDT1)

COMPLAINT: UNRESPONSIVE. (Fri Oct 07, 2016 07:17 NDT1)

ASSESSMENT: Assessment: patient with possible overdose, Patient is unconscious, Skin is warm, Skin is dry. (07:18 NDT1)

WEAPONS CHECK: This patient denies carrying a weapon. (07:18 NDT1)

Efunnuga, Olutokunbo
 DOB: 3/6/1979 M37
 Wt/Ht: 90.7 Kg (est.) 170.18 cm.
 MedRec: F001250247
 AcctNum: FA1307223089

MERCY FITZGERALD HOSPITAL ED RECORD

PROVIDERS: TRIAGE NURSE: Dawn Tierney, RN. (Fri Oct 07, 2016 07:17 NDT)

KNOWN ALLERGIES

Unable to Obtain

CURRENT MEDICATIONS (08:25 NJM)

None

PAST MEDICAL HISTORY

MEDICAL HISTORY: Notes: UTA. (07:18 NDT)

SURGICAL HISTORY: UTA. (07:18 NDT)

PSYCHIATRIC HISTORY: Notes: UTA. (07:18 NDT)

NOTES: Nursing records reviewed, Old chart reviewed, Medication list reviewed. (07:23

RDMI)

HPI MENTAL STATUS CHANGES

HISTORY OF PRESENT ILLNESS: 37-year-old male presents via EMS unresponsive.

Patient noted by EMS to be picked up at home where there were numerous aspects of drug paraphernalia present including cocaine and marijuana. Patient was given Narcan in route with no response. On presentation to the emergency Department patient was intubated. (07:33

RDMI) **CHIEF COMPLAINT:** Patient presents for evaluation of unresponsiveness.

(07:21 RDMI) **HISTORIAN:** Additional history obtained from EMS. (07:21 RDMI)

LOCATION: No localizing symptoms. (07:21 RDMI) **QUALITY:** Patient is alert and oriented to person, place and time, Glasgow coma score is 15. (07:21 RDMI) **E/M CAVEAT:**

Emergency room caveat invoked due to patient with mental status changes. (07:21 RDMI)

ROS (07:23 RDMI)

NOTES: Emergency room caveat invoked due to patient with mental status changes.

PHYSICAL EXAM (07:23 RDMI)

CONSTITUTIONAL: Vital Signs Reviewed, Patient febrile, hypothermic, Pulse, tachycardic, Blood pressure normal, Respiratory rate, artificial, Normal pulse oximetry, Patient appears non toxic, Patient appears pain free, Patient, unresponsive, Nursing notes reviewed.

HEAD: Head exam included findings of head atraumatic, normocephalic.

EYES: Pupils not equally round and reactive to light, Left pupil 3 mm in size, Left pupil fixed, Right pupil 3 mm in size, Right pupil fixed, Extraocular muscles intact, no nystagmus.

ENT: Pharynx exam normal, Uvula exam normal, Tonsil exam normal, Mouth exam normal, mucous membranes moist.

NECK: Neck exam included findings of normal range of motion, Trachea midline.

RESPIRATORY CHEST: Breath sounds clear, No wheezing, No rales, No rhonchi, Chest exam included findings of chest movement symmetrical, Chest expansion equal.

CARDIOVASCULAR: Cardiovascular exam included findings of, rate tachycardic, rhythm regular, Heart sounds normal, normal S1, normal S2, no murmurs, no rub, no gallop.

ABDOMEN MALE: Abdominal exam included findings of abdomen nontender, Bowel sounds normal, Liver normal, Spleen normal, no distension, no mass, no pulsatile masses, no peritoneal signs, Rovsing's sign absent.

BACK: Back exam included findings of normal inspection, no costovertebral angle tenderness.

UPPER EXTREMITY: Upper extremity exam included findings of inspection normal.

LOWER EXTREMITY: Lower extremity exam included findings of inspection normal.

NEURO: Glasgow coma scale, Eye opening: (1) – Absent, Verbal: (1) – Absent, Motor: (1) – Absent, GCS Total: 3, no nystagmus.

SKIN: Skin exam included findings of skin warm, dry, and normal in color, no rash.

PSYCHIATRIC: Psychiatric exam included findings of patient oriented to person place and time, Normal affect, No suicidal ideations, No homicidal ideations.

Efunnuga, Olutokunbo
 DOB: 3/6/1979 M37
 Wt/Ht: 90.7 Kg (est.) 170.18 cm.
 MedRec: F001250247
 AcctNum: FA1307223089

MERCY FITZGERALD HOSPITAL ED RECORD

ORDERS

Accucheck: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: Martin, RN, Jennifer – Fri Oct 07, 2016 07:52. (07:18 PJH)

ALCOHOL ETHYL ETOH: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: System – Fri Oct 07, 2016 08:38. (07:18 PJH)

BASIC METABOLIC PANEL BMP: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: System – Fri Oct 07, 2016 08:38. (07:18 PJH)

CBC WITH DIFF: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: System – Fri Oct 07, 2016 07:51. (07:18 PJH)

CR Chest PORTABLE: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Active. (07:18 PJH)

CREATINE KINASE CK CPK: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: System – Fri Oct 07, 2016 08:38. (07:18 PJH)

CT Brain WO: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Active. (07:18 PJH)

DRUG SCREEN URINE: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: System – Fri Oct 07, 2016 09:01. (07:18 PJH)

Electrocardiogram: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Active. (07:18 PJH)

LIVER HEPATIC FUNCTION PANEL: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: System – Fri Oct 07, 2016 08:38. (07:18 PJH)

MAGNESIUM MG: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: System – Fri Oct 07, 2016 08:38. (07:18 PJH)

PARTIAL THROMBOPLASTIN TIME: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: System – Fri Oct 07, 2016 08:00. (07:18 PJH)

PROTHROMBIN TIME PT INR: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: System – Fri Oct 07, 2016 08:00. (07:18 PJH)

Rectal Temp: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: Martin, RN, Jennifer – Fri Oct 07, 2016 07:52. (07:18 PJH)

TROPONIN T (MMC): Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: System – Fri Oct 07, 2016 08:32. (07:18 PJH)

UR METHAMPHETAMINE: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: System – Fri Oct 07, 2016 09:01. (07:18 PJH)

EMR VENOUS GAS + POC PANEL: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: System – Fri Oct 07, 2016 07:45. (07:35 PJH)

ARTERIAL BLOOD GAS: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: System – Fri Oct 07, 2016 08:43. (08:01 PJH)

MRSA NASAL SCREEN BY PCR: Ordered for: Halstead,MD (7-3652), Jeffrey
 Status: Done by: System – Fri Oct 07, 2016 16:26. (08:39 UBM)

Straight Cath for Urine: Ordered for: Giliberto, Brianne
 Status: Active. (08:49 RBG)

O2SAT INTERPRETATION (07:27 RDMD)

O2SAT: Continuous pulse oximetry, Oxygen saturation interpretation: Normal, Intervention required: intubation.

EKG INTERPRETATION (07:42 PJH)

MONITOR STRIP: Cardiac monitor strip interpreted by Emergency Department Physician,
 Monitor strip shows sinus tachycardia.

LAB INTERPRETATION (07:42 PJH)

INTERPRETATION: I reviewed the lab results.

Efunnuga, Olutokunbo
 DOB: 3/6/1979 M37
 Wt/Ht: 90.7 Kg (est.) 170.18 cm.
 MedRec: F001250247
 AcctNum: FA1307223089

MERCY FITZGERALD HOSPITAL ED RECORD

INTUBATION (07:18 RDMI)

TIME OUT: Timeout performed.

INTUBATION: Side and/or site verified, Patient identification confirmed, Emergent consent implied, Intubation indicated for respiratory failure, Intubation indicated to protect the airway, Prior to intubation, patient's airway is patent, Prior to intubation, patient's airway maintained with nasopharyngeal airway, Prior to intubation, patient being ventilated with bag valve mask, The patient was pre-oxygenated, Patient was sedated with, ETOMIDATE, Patient was paralyzed with, SUCCINYLCHOLINE, Patient intubated oral-laryngeal, with a 7.5 Endotracheal tube, in 1 attempt, Tube visualized through cords, Breath sounds equal after intubation, Qualitative end tidal CO2 reading taken and confirms endotracheal intubation, Post intubation oxygen saturation 100%, There were no complications, Chest x-ray ordered to confirm placement, Ventilator Settings : FIO2: 100, Tidal Volume: 400, PEEP: 5, Respiratory rate: 18, Patient tolerated the procedure well.

DOCTOR NOTES

DOCTORS NOTES: 37 male presents with altered mental status requiring intubation on presentation. We'll get CT of the head out of concern for head bleed as well as labs and chest x-ray for cause. (07:29 RDMI)

Spoke with ICU resident regarding all aspects of the case. They are evaluating the patient now.

(07:44 RDMI)

NOTIFICATIONS: ICU Paged/Notified at: 7:30 AM. (07:29 RDMI)

CRITICAL CARE: Time spent providing critical care to patient was 30-74 minutes, 40 minutes. (13:40 PJH)

SIGN OUT: pt presented via EMS for unresponsive; intubated upon arrival; cocaine and marijuana at the scene; CT head nl; pending labs and ICU admission. (07:40 RBG)

ATTENDING (07:38 PJH)

ATTENDING: I have personally seen and examined this patient. I have fully participated in the care of this patient. I have reviewed all pertinent clinical information, including history, physical exam and plan, I was present for key portions of procedure, INTUBATION.

ATTENDING NOTES: EVALUATED AND TREATED ON ARRIVAL. 37 yo unknown hx found unresponsive by ems pta. Intubated on arrival to ER. Pt unresponsive, no gag reflex, intubated for airway protection. Ems reported cocaine and thc at scene. Further hx unobtainable
 PT RECEIVED NARCAN PTA WITH NO EFFECT

VS NOTED, GEN SEVERE DISTRESS, HRT RRR, LUNG CTA WITH BAGGING, AB SOFT NT, EXT NO CCE, HEENT NO SIGN TRAUMA.

DIAGNOSIS (08:13 RBG)

FINAL: PRIMARY: Altered mental status, ADDITIONAL: Respiratory failure.

DISPOSITION

PATIENT: Disposition Type: Inpatient, Disposition: ICU, Condition: Critical. (08:13

RBG)

Patient left the department. (09:39 NJM)

NURSING ASSESSMENT: HEAD-TO-TOE (08:21 NJM)

CONSTITUTIONAL: Complex assessment performed, History obtained from, Patient arrives, Unsteady gait, Patient appears, Patient, unresponsive, Patient, unresponsive, Skin warm, Skin dry, Skin normal in color, Mucous membranes pink, Mucous membranes moist.

NEURO: Pupils equally round and reactive to light, Left pupil 1 mm in size, Right pupil 1 mm in size, Able to close eyes, Face symmetrical, GCS:, Eye opening: (1) - Absent, Verbal: (1) - Absent, Motor: (1) - Absent, GCS Total: 3.

RESPIRATORY/CHEST: Breath sounds clear, Respiratory assessment findings include respiratory effort easy, Respirations regular, Conversing normally, Neck and chest exam findings include trachea midline, Chest expansion equal, Chest movement symmetrical.

Efunnuga, Olutokunbo
 DOB: 3/6/1979 M37
 Wt/Ht: 90.7 Kg (est.) 170.18 cm.
 MedRec: F001250247
 AcctNum: FA1307223089

MERCY FITZGERALD HOSPITAL ED RECORD

CARDIOVASCULAR: Cardiovascular assessment findings include heart rate, tachycardic,
 Heart rhythm, Heart sounds.
ABDOMEN: Abdomen soft, Bowel sound normal.

NURSING PROCEDURE: ADMISSION

ADMISSION: Report called to, Maryann, Acuity level critical, Transported via cart/stretcher,
 Accompanied by registered nurse, Accompanied by respiratory therapist, Transported with
 monitor, Transported with oxygen, Transported with IV fluids. (08:33 NJM)
 Report called to, Mary Ann, Provided opportunity to answer questions, Admission orders
 received and completed, Transported with monitor, Transported with oxygen, Transported with IV
 fluids. (09:00 NJM)

NOTIFICATION: The patient is unable to answer due to their current condition., The patient is
 unable to request family notification, The patient's family member was not notified, number not
 available, The patient is unable to notify their primary care physician due to their current condition,
 The patient is unable to request primary care physician notification due to their current condition.,
 Yes, the ED provider was notified of the patient request to contact their PCP about their admission
 to the hospital. (08:33 NJM)

SAFETY: Side rails up, Cart/Stretcher in lowest position, Call light within reach, Hospital ID
 band on. (08:33 NJM)
 Side rails up, Cart/Stretcher in lowest position, Call light within reach, Hospital ID band on.
 (09:00 NJM)

NURSING PROCEDURE: BELONGINGS

PATIENT IDENTIFIER: Patient's identity verified by EMS/police officer. (07:25 NDT1)
 Patient's identity verified by hospital ID bracelet. (07:47 NJM)

BELONGINGS: Belongings and valuables with patient upon arrival to the Emergency
 Department include:, belt, Description black, pants, Description Blue jeans, shoes, Description
 white with red and black trim sneakers, wallet, Description black, Notes: Shirts were cut off.
 (07:25 NDT1)

Belongings and valuables with patient upon arrival to the Emergency Department include:, shirt,
 cellular phone, wallet, Belongings and valuables inventoried by: Melissa, Inventory witnessed by:
 JMARTIN, Notes: watch and wallet placed in sneakers. Pt has no cash in wallet, but has credit
 cards. (07:47 NJM)

SAFETY: Side rails up, Cart/Stretcher in lowest position, Call light within reach, Hospital ID
 band on. (07:25 NDT1)
 Side rails up, Cart/Stretcher in lowest position, Call light within reach, Hospital ID band on.
 (07:47 NJM)

NURSING PROCEDURE: CARDIAC MONITOR (07:19 NDT1)

PATIENT IDENTIFIER: Patient's identity verified by EMS/police officer.
CARDIAC MONITOR: Cardiac monitoring indicated for possible overdose, Patient placed on
 cardiac monitor, Patient placed on non-invasive blood pressure monitor, Patient placed on
 continuous pulse oximetry.
SAFETY: Side rails up, Cart/Stretcher in lowest position, Call light within reach, Hospital ID
 band on.

NURSING PROCEDURE: INTUBATION (07:21 NDT1)

PATIENT IDENTIFIER: Patient's identity verified by EMS/police officer.
INTUBATION: Intubation indicated for patient unable to maintain airway, Prior to intubation
 oxygen saturation 100%, via ambu bag, Prior to intubation breath sounds clear, Patient intubated
 orally, Intubated by Dr. Mirsch, using a 7.5 mm endotracheal tube, in one attempts, Number at the lip
 (cm) 24, Yankauer suction at head of bed, Patient suctioned during intubation, Cricoid pressure
 used during intubation, Ventilated with Ambu bag post intubation, Endotracheal tube secured, with
 tube holder, Breath sounds heard bilaterally, no gurgling over abdomen, Positive carbon dioxide

Efunnuga, Olutokunbo
 DOB: 3/6/1979 M37
 Wt/Ht: 90.7 Kg (est.) 170.18 cm.
 MedRec: F001250247
 AcctNum: FA1307223089

MERCY FITZGERALD HOSPITAL ED RECORD

by detector, Chest x-ray ordered to confirm placement, Chest x-ray completed and placement confirmed.

FOLLOW-UP: Post intubation oxygen saturation 100%, After intubation, patient placed on ventilator with settings: FIO2 100, Tidal Volume: 400, PEEP: 5, Respiratory rate: 18.

SAFETY: Side rails up, Cart/Stretcher in lowest position, Call light within reach, Hospital ID band on.

NURSING PROCEDURE: IV

PATIENT IDENTIFIER: Patient's identity verified by EMS/police officer. (07:19 NDT1)

IV SITE 1: IV therapy indicated for hydration, IV therapy indicated for medication administration, IV established, to the left antecubital, using an 18 gauge catheter, in one attempt, Saline lock established, Labs drawn at time of placement, labeled in the presence of the patient and sent to lab. (07:19 NDT1)

IV SITE 2: IV therapy indicated for hydration, IV therapy indicated for medication administration, IV established, to the right antecubital, using a 20 gauge catheter, in one attempt, Saline lock established, Labs drawn at time of placement, labeled in the presence of the patient and sent to lab. (07:20 NDT1)

SAFETY: Side rails up, Cart/Stretcher in lowest position, Call light within reach, Hospital ID band on. (07:19 NDT1)

NURSING PROCEDURE: TRANSPORT TO TESTS (07:24 NJM)

PATIENT IDENTIFIER: Patient's identity verified by hospital ID bracelet.

TRANSPORT TO TESTS: Patient transported to CT scan, Accompanied by nurse.

FOLLOW-UP: After procedure, patient returned to emergency department.

SAFETY: Side rails up, Cart/Stretcher in lowest position, Call light within reach, Hospital ID band on.

MEDICATION ADMINISTRATION SUMMARY

Drug Name	Dose Ordered	Route	Status	Time
etomidate	20 MG	IV Push	Given	07:24 10/7/2016
Normal Saline	1000 ML	IV Fluids	Given	07:23 10/7/2016
succinylcholine chloride injection	120 MG	IV Push	Given	07:17 10/7/2016

Detailed record available in Medication Service section.

MEDICATION SERVICE

etomidate: Order: etomidate – Dose: 20 MG : IV Push

Ordered by: Jeffrey Halstead, MD (7-3652)

Entered by: Jeffrey Halstead, MD (7-3652) Fri Oct 07, 2016 07:19

Documented as given by: Dawn Tierney, RN Fri Oct 07, 2016 07:24

Patient, Medication, Dose, Route and Time verified prior to administration.

IV SITE #1 into left antecubital, IV SITE #1 IVP, subsequent different medication, Slowly, Connections checked prior to administration, Line traced prior to administration, Catheter placement confirmed via flush prior to administration, IV site without signs or symptoms of infiltration during medication administration, No swelling during administration, No drainage during administration, IV flushed after administration, Correct patient, time, route, dose and medication confirmed prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside, Call light in reach.

Normal Saline: Order: Normal Saline (0.9 % sodium chloride) – Dose: 1000 ML : IV Fluids

Ordered by: Jeffrey Halstead, MD (7-3652)

Entered by: Jeffrey Halstead, MD (7-3652) Fri Oct 07, 2016 07:20

Documented as given by: Dawn Tierney, RN Fri Oct 07, 2016 07:23

Patient, Medication, Dose, Route and Time verified prior to administration.

Efunnuga, Olutokunbo
 DOB: 3/6/1979 M37
 Wt/Ht: 90.7 Kg (est.) 170.18 cm.
 MedRec: F001250247
 AcctNum: FA1307223089

MERCY FITZGERALD HOSPITAL ED RECORD

IV SITE #1 into left antecubital, IV SITE #1 IV fluids established, IV SITE #1 1st bag hung, amount 1 Liter, via primary tubing, Connections checked prior to administration, Line traced prior to administration, Catheter placement confirmed via flush prior to administration, IV site without signs or symptoms of infiltration during medication administration, No swelling during administration, No drainage during administration, IV flushed after administration, Correct patient, time, route, dose and medication confirmed prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Call light in reach.

succinylcholine chloride injection: Order: succinylcholine chloride injection
 (succinylcholine chloride) – Dose: 120 MG : IV Push

Ordered by: Jeffrey Halstead, MD (7-3652)

Entered by: Jeffrey Halstead, MD (7-3652) Fri Oct 07, 2016 07:19

Documented as given by: Dawn Tierney, RN Fri Oct 07, 2016 07:17

Patient, Medication, Dose, Route and Time verified prior to administration.

IV SITE #1 into left antecubital, IV SITE #1 IVP, initial medication, Slowly, Patient in position of comfort, Side rails up, Cart in lowest position, Call light in reach.

PRESCRIPTION

No recorded prescriptions

EVENTS

ATTENDING: Patient care initiated. (07:17 PJH)

RESIDENT: Patient care initiated. (07:42 RBG)

TRANSFER: Triage to Emergency Department 06. (Fri Oct 07, 2016 07:17

NDT)

Emergency Department 06 to Admission (Hold Bed). (08:47 RBG)

Removed from Emergency Department 06. (09:39 NJM)

RESULTS

RADIOLOGY: CTBRAINWO Observe DT: Fri Oct 07, 2016 08:13,

Mercy Fitzgerald Hospital David P Mayer, MD, MS, FACR, Chairman Fraser Brown, MD

Caroline Ling, MD

Mercy Health System Oleg Teytelboym, MD, Radiology Director Stanley Chan, MD Justin

Mackey, MD

Department of Radiology Gerard Berry, MD Malgorzata Goralczyk, MD Scott Rotenberg,
MD

1500 Lansdowne Avenue Robert Borden, MD Laryssa Hud, MD Salmi Simmons, MD

Darby, PA 19023 Michael Brooks, MD, JD

610-237-4358

Patient: EFUNNUGA, OLUTOKUNBO Acct #: FA1307223089 Exam Date: 10/07/16

Med Rec #: F001250247 Order #: 1007-0017 Status: REG ER

Date of Birth: 03/06/1979 Gender: M Accession #: 970624.001 Location:

Phone #: (000)000-0000 Report #: 1007-0006 RAD #:

Ordering Physician: HALSTEAD, JEFFREY E MD

CC: DOCTOR, NONE (FAMILY); HALSTEAD, JEFFREY E MD \R\

Order Date: 10/07/16

Procedure Reason: ams

Exam: CT Brain WO

*** Signed Status ***

IMPRESSION: 1. No intracranial hemorrhage or acute infarct.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Altered mental status

TECHNIQUE: Unenhanced CT of the head with axial, coronal, sagittal reformats. Comparison: None

FINDINGS:

POSTOPERATIVE CHANGES: None.

Efunnuga, Olutokunbo
 DOB: 3/6/1979 M37
 Wt/Ht: 90.7 Kg (est.) 170.18 cm.
 MedRec: F001250247
 AcctNum: FA1307223089

MERCY FITZGERALD HOSPITAL ED RECORD

BRAIN VOLUME: Normal volume for age.
 ACUTE INFARCT: No focal hypodensity to suggest acute infarct.
 CHRONIC INFARCT: None.
 MASS LESIONS: None.
 WHITE MATTER: White matter is within normal limits.
 HEMORRHAGE: No intracranial hemorrhage.
 VASCULATURE: No hyperdense vascular thrombus. No calcified intracranial plaque.
 MSK: No fractures or soft tissue swelling.
 SINUSES/MASTOIDS: Visualized paranasal sinuses are clear. Mastoid air cells are clear. Fluid in the nasal cavity and nasopharyngeal airway is presumably related to endotracheal intubation.
 OTHER: None.
 Thank you for choosing Mercy Health System
 <Electronically signed by FRASER H BROWN, MD in OV> e-Sign Pager: (610)221-1965
 Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine
 Interpreting: BROWN, FRASER H MD Dictated: 10/07/16 0813 Signoff: 10/07/16 0814 . (08:39

PJH)

Radiology Result Observe DT: Fri Oct 07, 2016 09:01,
 Mercy Fitzgerald Hospital
 History \T\ Physical
 PATIENT: EFUNNUGA,OLUTOKUNBO MR#: F001250247
 ACCT: FA1307223089 ADMIT DATE: 10/07/16
 REPORT #: 1007-0125 DOB: 03/06/1979
 ROOM/BED: ERO06-1
 SEX: M
 ATTENDING: RATHER,MANZOOR A, MD
 PCP: DOCTOR,NONE (FAMILY)
 *** Draft Status ***
 History of Present Illness
 Encounter Date \T\ Time
 10/7/16 09:01
 Primary Care Physician
 Doctor,None (FAMILY)
 Attending Physician
 Rather,Manzoor A,MD
 Past Medical History
 Allergies
 Coded Allergies:
 Unable to Assess (Unverified , 10/7/16)
 Physical Exam
 Vital Signs, Last Documented
 Date Time Temp Pulse Resp B/P Pulse Ox O2 Delivery O2 Flow Rate FiO2
 10/7/16 07:20 18 100
 Weight in Kg
 Bedside Blood Glucose
 10/7/16 07:07: POC Glucose 109
 Results
 Lab Results, CBC Diagram
 10/7/16 07:32
 Lab Results, BMP Diagram
 10/7/16 07:32
 BORIKAR,MADHURA S MD Oct 7, 2016 09:01
 BORIMA / MB / DD 10/07/16 0901 / DT 10/07/16 0901 . (09:14 PJH)

(07:31 PJH)

Measurement	Result	Units	Range	S
-------------	--------	-------	-------	---

Efunnuga, Olutokunbo
 DOB: 3/6/1979 M37
 Wt/Ht: 90.7 Kg (est.) 170.18 cm.
 MedRec: F001250247
 AcctNum: FA1307223089

MERCY FITZGERALD HOSPITAL

ED RECORD

POCT GLUCOSE Collection DT: Fri Oct 07, 2016 07:25				
POCT GLUCOSE	109	mg/dL	70-99	F

(07:55 PJH)

Measurement	Result	Units	Range	S
CBC AND DIFF; MAN IF INDICATED Collection DT: Fri Oct 07, 2016 07:32				
WHITE BLOOD COUNT	7.6	Thou/uL	4.5-11.0	F
RED BLOOD COUNT	4.76	Mill/UL	4.70-6.10	F
HEMOGLOBIN	16.3	g/dL	13.5-17.5	F
HEMATOCRIT	46.7	%	41.0-53.0	F
MEAN CORPUSCULAR VOLUME	98.1	fL	80-100	F
MEAN CORPUSCULAR HEMOGLOBIN	34.2	pg	28.4-32.0	F
MEAN CORPUSCULAR HGB CONC	34.9	g/dL	32.6-34.8	F
RED CELL DISTRIBUTION WIDTH	13.6	%	11.5-14.5	F
PLATELET COUNT	184	THOU/UL	150-450	F
MEAN PLATELET VOLUME	9.4	fL	7.4-10.4	F
NEUTROPHILS %	77.0	%	42.0-75.0	F
LYMPH %	16.2	%	18.0-44.0	F
MONO %	6.1	%	0.0-18.0	F
EOS %	0.4	%	0.0-5.0	F
BASO %	0.3	%	0.0-2.0	F
NEUTROPHILS #	5.9	Thou/uL	1.8-8.0	F
LYMPH #	1.2	Thou/uL	1.2-4.2	F
MONO #	0.5	Thou/uL	0.0-1.0	F
EOS #	0.0	Thou/uL	0.0-0.7	F
BASO #	0.0	Thou/uL	0.0-0.5	F

(08:01 PJH)

Measurement	Result	Units	Range	S
PARTIAL THROMBOPLASTIN TIME Collection DT: Fri Oct 07, 2016 07:32				
See comment below				
List the anticoagulant: N				
PARTIAL THROMBOPLASTIN TIME	31.0	SECONDS	24.0-39.0	F

(08:01 PJH)

Measurement	Result	Units	Range	S
PT INR Collection DT: Fri Oct 07, 2016 07:32				
See comment below				
List the anticoagulant: N				
PROTHROMBIN TIME	14.1	SECONDS	11.3-15.3	F
INR	1.2		0.8-1.2	F

(08:11 PJH)

Measurement	Result	Units	Range	S
URINALYSIS POC Collection DT: Fri Oct 07, 2016 08:08				
GLUCOSE, URINE POC	NEGATIVE	mg/dL	NEGATIVE	F
BILIRUBIN, URINE POC	NEGATIVE		NEGATIVE	F
KETONE, URINE POC	NEGATIVE	mg/dL	NEGATIVE	F
SPECIFIC GRAVITY, URINE POC	1.015		1.005-1.030	F
BLOOD, URINE POC	NEGATIVE		NEGATIVE	F
PH, URINE POC	5.5		5.0-9.0	F
PROTEIN, URINE POC	NEGATIVE	mg/dL	NEGATIVE	F
UROBILINOGEN, URINE POC	0.2	E.U./dL	0.1-2.0	F
NITRITE, URINE POC	NEGATIVE		NEGATIVE	F
LEUKOCYTE ESTERASE, URINE POC	NEGATIVE		NEGATIVE	F

(08:39 PJH)

Measurement	Result	Units	Range	S
ALCOHOL ETHYL ETOH Collection DT: Fri Oct 07, 2016 07:32				

Efunnuga, Olotokunbo
 DOB: 3/6/1979 M37
 Wt/Ht: 90.7 Kg (est.) 170.18 cm.
 MedRec: F001250247
 AcctNum: FA1307223089

MERCY FITZGERALD HOSPITAL

ED RECORD

See comment below				
NEXTGEN PT ID ADD ON				
ALCOHOL ETHYL ETOH	51	mg/dL	<10	F
For Medical Managment only				
Impairment:	50-100			
Depression of CNS:	>100			
Fatalities reported:	>400			

(08:39 PJH)

Measurement	Result	Units	Range	S
TROPONIN T Collection DT: Fri Oct 07, 2016 07:32				
See comment below				
NEXTGEN PT ID ADD ON				
TROPONIN T	<= 0.01	ng/mL	<0.04	F
Troponin levels greater than or equal to 0.04 ng/ml are indicative of myocardial injury.				

(08:39 PJH)

Measurement	Result	Units	Range	S
CREATINE KINASE CK Collection DT: Fri Oct 07, 2016 07:32				
See comment below				
NEXTGEN PT ID ADD ON				
CREATINE KINASE CK	392	U/L	32-230	F

(08:39 PJH)

Measurement	Result	Units	Range	S
LIVER HEPATIC FUNCTION PANEL Collection DT: Fri Oct 07, 2016 07:32				
See comment below				
NEXTGEN PT ID ADD ON				
TOTAL PROTEIN TP	8.4	gm/dL	6.3-8.2	F
Reference range is based on ambulatory population.				
A decrease of approximately 0.5 gram is observed in hospitalized patients.				
ALBUMIN	4.0	gm/dL	4.1-5.4	F
GLOBULIN	4.4	g/dL	2.3-3.5	F
ALBUMIN/GLOBULIN RATIO	1.0		0.74-3.85	F
BILIRUBIN TOTAL	0.5	mg/dL	0.2-1.2	F
BILIRUBIN DIRECT	< 0.2	mg/dL	0-0.3	F
AST SGOT	26	U/L	14-51	F
ALT SGPT	20	U/L	7-60	F
ALKALINE PHOSPHATASE	55	U/L	42-157	F

(08:39 PJH)

Measurement	Result	Units	Range	S
MAGNESIUM MG Collection DT: Fri Oct 07, 2016 07:32				
See comment below				
NEXTGEN PT ID ADD ON				
MAGNESIUM MG	2.4	mg/dL	1.8-2.4	F

(08:39 PJH)

Measurement	Result	Units	Range	S
BASIC METABOLIC PANEL BMP Collection DT: Fri Oct 07, 2016 07:32				
See comment below				
NEXTGEN PT ID ADD ON				
GLUCOSE	109	mg/dL	70-99	F
Impaired Fasting Glucose: 100-125 mg/dL				
Fasting Glu Assoc w Diabetes:>125 mg/dL				
BLOOD UREA NITROGEN	14	mg/dL	6-22	F
CREATININE	1.8	mg/dL	0.8-1.4	F

Efunnuga, Olutokunbo
 DOB: 3/6/1979 M37
 Wt/Ht: 90.7 Kg (est.) 170.18 cm.
 MedRec: F001250247
 AcctNum: FA1307223089

MERCY FITZGERALD HOSPITAL

ED RECORD

GLOMERULAR FILTRATION RATE	43	mL/min	>60	F
GLOMERULAR FILTRATION RATE AA	52	mL/min/1	>60	F
The calculation of eGFR is based on the IDMS traceable MDRD formula and is not valid in patients younger than 18 or older than 70. Exceptional dietary intake, muscle mass abnormalities, rapidly changing renal function, drug induced inhibition of creatinine secretion, and pregnancy invalidate results. The calculation has not been validated in a normal population.				
BUN/CREATININE RATIO	8.0		7-23	F
SODIUM NA	136	mEq/L	136-147	F
POTASSIUM K	3.8	mEq/L	3.6-5.2	F
CHLORIDE CL	98	mmol/L	98-108	F
CARBON DIOXIDE CO2	24	mmol/L	23-32	F
ANION GAP, CALC	14.0		6.0-16	F
CALCIUM	9.0	mg/dL	8.8-10.5	F

(08:48 RBG)

Measurement	Result	Units	Range	S
ARTERIAL BLOOD GAS Collection DT: Fri Oct 07, 2016 08:42				
See comment below				
Reason for Exam: R				
Patient Temp	98.6			F
ARTERIAL BLOOD GAS pH	7.31		7.35-7.45	F
ART BLD PARTIAL PRESSURE CO2	50.7	mmHg	35.0-45.0	F
ART BLD PARTIAL PRESSURE O2	482	mmHg	83-108	F
ABG Ph TEMP CORR	7.31		7.35-7.45	F
ABG PCO2 TEMP CORR	50.7		35.0-45.0	F
ABG PO2 TEMP CORR	482		83-108	F
ARTERIAL BLOOD GAS HCO3	25.4	mmol/L	21-28	F
ARTERIAL BLOOD GAS BASE EXCESS	-1.3	mmol/L	-2-2	F
% SAT, MEASURED (ABG)	99.4	%	95-98	F
ARTERIAL BLOOD GAS FIO2	100.0	%		F
ARTERIAL BLD GAS TIDAL VOLUME	400	mL		F
ARTERIAL BLOOD GAS PEEP	5.0	cmH2O		F
O2 DEVICE PRIMARY	1 NA			F
MECHANICAL VENT SETTINGS	18	bpm		F

(09:14 PJH)

Measurement	Result	Units	Range	S
POCT GLUCOSE Collection DT: Fri Oct 07, 2016 09:09				
POCT GLUCOSE	82	mg/dL	70-99	F

(09:14 PJH)

Measurement	Result	Units	Range	S
UR METHAMPHET Collection DT: Fri Oct 07, 2016 08:16				
UR METHAMPHET	NEGATIVE		NEGATIVE	F
Screening test only. Result is presumptive.				
Cutoff concentration for a positive result is 1000 ng/mL.				

(09:14 PJH)

Measurement	Result	Units	Range	S
DRUG SCREEN URINE Collection DT: Fri Oct 07, 2016 08:16				
AMPHETAMINE URINE SCREEN	NEGATIVE		NEGATIVE	F
BARBITURATES URINE SCREEN	NEGATIVE		NEGATIVE	F
BENZODIAZEPINES URINE SCREEN	NEGATIVE		NEGATIVE	F
COCAINE URINE SCREEN	POSITIVE		NEGATIVE	F
URINEMETH	NEGATIVE		NEGATIVE	F
OPIATES URINE SCREEN	NEGATIVE		NEGATIVE	F
PCP URINE SCREEN	NEGATIVE		NEGATIVE	F
THC (MARIJUANA) URINE SCREEN	POSITIVE		NEGATIVE	F

Efunnuga, Olutokunbo
 DOB: 3/6/1979 M37
 Wt/Ht: 90.7 Kg (est.) 170.18 cm.
 MedRec: F001250247
 AcctNum: FA1307223089

MERCY FITZGERALD HOSPITAL ED RECORD

PROPOXYPHENE, URINE	NEGATIVE		NEGATIVE	F
TCA URINE SCREEN	POSITIVE		NEGATIVE	F
False positive results may occur when the patient is taking quetiapine, chlorpromazine, cyclobenzaprine, thioridazine, diphenhydramine, orphenadrine citrate, and cyproheptadine.				
Screening test only. Result is presumptive.				
Cutoff concentration for a positive result is:				
Amphetamines 1000 ng/mL				
Benzodiazepines 300 ng/mL				
Cocaine 300 ng/mL				
Cannabinoids (THC) 50 ng/mL				
Opiates 300 ng/mL				
Tricyclics 300 ng/mL				
Phencyclidine (PCP) 25 ng/mL				
Barbiturates 200 ng/mL				
Methadone 300 ng/mL				
Propoxyphene 300 ng/mL				
URINE OXYCODONE	NEGATIVE		NEGATIVE	F
Screening test only. Result is presumptive.				
Cutoff concentration for a positive result is 100 ng/mL.				

(09:14 PJH)

Measurement	Result	Units	Range	S
ALCOHOL ETHYL ETOH Collection DT: Fri Oct 07, 2016 07:32				
See comment below				
NEXTGEN PT ID ADD ON				
ALCOHOL ETHYL ETOH	51	mg/dL	<10	F
For Medical Management only				
Impairment: 50-100				
Depression of CNS: >100				
Fatalities reported: >400				

(09:14 PJH)

Measurement	Result	Units	Range	S
SALICYLATE LEVEL Collection DT: Fri Oct 07, 2016 07:32				
See comment below				
NEXTGEN PT ID ADD ON				
SALICYLATE LEVEL	< 0.3	mg/dL	0.0-44.0	F
Salicylates Interpretation				
antipyretic, analgesic: 2.0-10.0 mg/dL				
anti-inflammatory: 10.0-25.0 mg/dL				
toxic: >30.0 mg/dL				

(09:14 PJH)

Measurement	Result	Units	Range	S
TROPONIN T Collection DT: Fri Oct 07, 2016 07:32				
See comment below				
NEXTGEN PT ID ADD ON				
TROPONIN T	<= 0.01	ng/mL	<0.04	F
Troponin levels greater than or equal to 0.04 ng/ml are indicative of myocardial injury.				

(09:14 PJH)

Measurement	Result	Units	Range	S
CREATINE KINASE CK Collection DT: Fri Oct 07, 2016 07:32				
See comment below				
NEXTGEN PT ID ADD ON				
CREATINE KINASE CK	392	U/L	32-230	F

(09:14 PJH)

Measurement	Result	Units	Range	S
-------------	--------	-------	-------	---

Efunnuga, Olutokunbo
 DOB: 3/6/1979 M37
 Wt/Ht: 90.7 Kg (est.) 170.18 cm.
 MedRec: F001250247
 AcctNum: FA1307223089

MERCY FITZGERALD HOSPITAL ED RECORD

LIVER HEPATIC FUNCTION PANEL Collection DT: Fri Oct 07, 2016 07:32				
See comment below				
NEXTGEN PT ID ADD ON				
TOTAL PROTEIN TP	8.4	gm/dL	6.3-8.2	F
Reference range is based on ambulatory population.				
A decrease of approximately 0.5 gram is observed in hospitalized patients.				
ALBUMIN	4.0	gm/dL	4.1-5.4	F
GLOBULIN	4.4	g/dL	2.3-3.5	F
ALBUMIN/GLOBULIN RATIO	1.0		0.74-3.85	F
BILIRUBIN TOTAL	0.5	mg/dL	0.2-1.2	F
BILIRUBIN DIRECT	< 0.2	mg/dL	0-0.3	F
AST SGOT	26	U/L	14-51	F
ALT SGPT	20	U/L	7-60	F
ALKALINE PHOSPHATASE	55	U/L	42-157	F

(09:14 PJH)

Measurement	Result	Units	Range	S
MAGNESIUM MG Collection DT: Fri Oct 07, 2016 07:32				
See comment below				
NEXTGEN PT ID ADD ON				
MAGNESIUM MG	2.4	mg/dL	1.8-2.4	F

(09:14 PJH)

Measurement	Result	Units	Range	S
BASIC METABOLIC PANEL BMP Collection DT: Fri Oct 07, 2016 07:32				
See comment below				
NEXTGEN PT ID ADD ON				
GLUCOSE	109	mg/dL	70-99	F
Impaired Fasting Glucose: 100-125 mg/dL				
Fasting Glu Assoc w Diabetes:>125 mg/dL				
BLOOD UREA NITROGEN	14	mg/dL	6-22	F
CREATININE	1.8	mg/dL	0.8-1.4	F
GLOMERULAR FILTRATION RATE	43	mL/min	>60	F
GLOMERULAR FILTRATION RATE AA	52	mL/min/1.73	>60	F
The calculation of eGFR is based on the IDMS traceable MDRD formula and is not valid in patients younger than 18 or older than 70. Exceptional dietary intake, muscle mass abnormalities, rapidly changing renal function, drug induced inhibition of creatinine secretion, and pregnancy invalidate results. The calculation has not been validated in a normal population.				
BUN/CREATININE RATIO	8.0		7-23	F
SODIUM NA	136	mEq/L	136-147	F
POTASSIUM K	3.8	mEq/L	3.6-5.2	F
CHLORIDE CL	98	mmol/L	98-108	F
CARBON DIOXIDE CO2	24	mmol/L	23-32	F
ANION GAP, CALC	14.0		6.0-16	F
CALCIUM	9.0	mg/dL	8.8-10.5	F

ADMISSION REQUEST

ENTRY: Disposition Type: Inpatient

Disposition: ICU

Condition: Critical

PCP Doctor: None Doctor

Disposition Status: ICU

Admitting Doctor: Rather

Efunnuga, Olutokunbo
DOB: 3/6/1979 M37
Wt/Ht: 90.7 Kg (est.) 170.18 cm.
MedRec: F001250247
AcctNum: FA1307223089

MERCY FITZGERALD HOSPITAL ED RECORD

PCP Admission Notification: Via Autofax

Candidate for EAU (Inpatient status only)?: No

Candidate for Observation (Observation status only)?: No

Notify Nursing Supervisor of Admission: 6102215947@usamobility.net

PRIMARY: Altered mental status, ADDITIONAL: Respiratory failure. (08:13 RBG)

UPDATE: Admitting Doctor: Littman. (08:23 RBG)

Admit Room: 506

Admit Area: 5 Pav

Bed Status: Bed Ready. (08:27 SJS)

Admitting Doctor: Hamid. (08:47 RBG)

Isolation: None

Is Patient a Fall Risk?: No. (09:03 UBM)

ADMIN

DIGITAL SIGNATURE: Mirsch, Daniel. (07:45 RDMI)

Martin, RN, Jennifer. (09:02 NJM)

Halstead,MD (7-3652), Jeffrey. (13:40 PJH)

Giliberto, Brianne. (Sat Oct 08, 2016 20:49 RBG)

IMAGING

PRELIMINARY RADIOLOGY REPORT: Page 1 added. Image captured from scanners.

(07:41 UBM)

EKG: Page 1 added. Image captured from scanners. (08:35 UBM)

Key:

NDT1=Tierney, RN, Dawn NJM=Martin, RN, Jennifer PJH=Halstead,MD (7-3652), Jeffrey RBG=Giliberto, Brianne
RDMI=Mirsch, Daniel SJS=Sennett, Jane UBM=Moseley, Brian

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

Phone # (000)000-0000

Order # 1008-0046

DOB: 03/06/1979

Exam Date: 10/08/16

Report #1010-0098

Sex: M

Status: ADM IN

Ordering Physician: BORIKAR, MADHURA S MD

CC: ~

Procedure Reason: ARRHYTHMIA

Study: Electrocardiogram

Order Date/Time: 10/08/16 1056

*****Signed Status*****

Date of Procedure:

Test Reason : ARRHY

Blood Pressure : ***/*** mmHG

Vent. Rate : 087 BPM Atrial Rate : 087 BPM

P-R Int : 168 ms QRS Dur : 112 ms

QT Int : 322 ms P-R-T Axes : 089 067 -25 degrees

QTc Int : 387 ms

Normal sinus rhythm

Nonspecific ST and T wave abnormality

Abnormal ECG

When compared with ECG of 07-OCT-2016 17:55,

No significant change was found

Confirmed by LEONARDI, MD, MARINO (2251) on 10/10/2016 7:18:48 PM

Referred By: JEFFREY HALSTEAD

Confirmed By: MARINO LEONARDI, MD

<Electronically signed by MARINO LEONARDI, MD in OV>

LEONARDI,MARINO MD

10/10/16

DT: 10/10/16 1918

JOB: 1010-0098

MERCY FITZGERALD HOSPITAL
LANSDOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

Phone # (000)000-0000

Order # 1007-0021

DOB: 03/06/1979

Exam Date: 10/07/16

Report #1010-0115

Sex: M

Status: ADM IN

Ordering Physician: HALSTEAD, JEFFREY E MD

CC: ~

Procedure Reason: CHEST PAIN

Study: Electrocardiogram

Order Date/Time: 10/07/16 0718

*****Signed Status*****

Date of Procedure:

Test Reason : CP

Blood Pressure : ***/** mmHG

Vent. Rate : 116 BPM Atrial Rate : 116 BPM

P-R Int : 160 ms QRS Dur : 116 ms

QT Int : 334 ms P-R-T Axes : 066 060 038 degrees

QTc Int : 464 ms

Sinus tachycardia

Nonspecific ST abnormality

Abnormal ECG

No previous ECGs available

Confirmed by LEONARDI, MD, MARINO (2251) on 10/10/2016 7:26:49 PM

Referred By: JEFFREY HALSTEAD

Confirmed By: MARINO LEONARDI, MD

<Electronically signed by MARINO LEONARDI, MD in OV>

LEONARDI,MARINO MD

10/10/16

DT: 10/10/16 1926

JOB: 1010-0115

MERCY FITZGERALD HOSPITAL
LANSDOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

Phone # (000)000-0000

Order # 1007-0025

DOB: 03/06/1979

Exam Date: 10/07/16

Report #1010-0121

Sex: M

Status: ADM IN

Ordering Physician: BORIKAR, MADHURA S MD

CC: ~

Procedure Reason: ARRHYTHMIA

Study: Electrocardiogram

Order Date/Time: 10/07/16 0816

*****Signed Status*****

Date of Procedure:

Test Reason : ARRHY

Blood Pressure : ***/*** mmHG

Vent. Rate : 121 BPM Atrial Rate : 121 BPM

P-R Int : 144 ms QRS Dur : 116 ms

QT Int : 342 ms P-R-T Axes : 055 018 032 degrees

QTc Int : 485 ms

Sinus tachycardia

Nonspecific ST abnormality

Abnormal ECG

When compared with ECG of 07-OCT-2016 08:20,

ST now depressed in Lateral leads

Confirmed by LEONARDI, MD, MARINO (2251) on 10/10/2016 7:32:08 PM

Referred By: JEFFREY HALSTEAD

Confirmed By: MARINO LEONARDI, MD

<Electronically signed by MARINO LEONARDI, MD in OV>

LEONARDI,MARINO MD

10/10/16

DT: 10/10/16 1932

JOB: 1010-0121

MERCY FITZGERALD HOSPITAL
LANSDOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

Phone # (000)000-0000

Order # 1007-0045

DOB: 03/06/1979

Exam Date: 10/07/16

Report #1010-0143

Sex: M

Status: ADM IN

Ordering Physician: BORIKAR, MADHURA S MD

CC: ~

Procedure Reason: ARRHYTHMIA

Study: Electrocardiogram

Order Date/Time: 10/07/16 1215

*****Signed Status*****

Date of Procedure:

Test Reason : ARRHY

Blood Pressure : ***/*** mmHG

Vent. Rate : 090 BPM Atrial Rate : 090 BPM

P-R Int : 150 ms QRS Dur : 098 ms

QT Int : 346 ms P-R-T Axes : 077 067 -19 degrees

QTc Int : 423 ms

Normal sinus rhythm

ST elevation consider anterior injury or acute infarct

Abnormal ECG

When compared with ECG of 07-OCT-2016 09:58,

ST now depressed in Inferior leads

ST elevation has replaced ST depression in Anterior leads

T wave inversion now evident in Inferior leads

Nonspecific T wave abnormality now evident in Lateral leads

Confirmed by LEONARDI, MD, MARINO (2251) on 10/10/2016 7:41:52 PM

Referred By: JEFFREY HALSTEAD

Confirmed By: MARINO LEONARDI, MD

<Electronically signed by MARINO LEONARDI, MD in OV>

LEONARDI,MARINO MD

10/10/16

DT: 10/10/16 1942

JOB: 1010-0143

MERCY FITZGERALD HOSPITAL
LANSDOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA, OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

Phone # (000)000-0000

Order # 1011-0043

DOB: 03/06/1979

Exam Date: 10/11/16

Report #1011-0015

Sex: M

Status: ADM IN

Ordering Physician: BHARGAVA, SURBHI MD

CC: BHARGAVA, SURBHI MD~

Procedure Reason: OTHERto rule out any vegetations

Study: 2D ECHO with Color Flow Dopp

Order Date/Time: 10/11/16 1032

*****Signed Status*****

Patient: EFUNNUGA, OLUTOKUNBO

Med Rec #: F001250247 DOB: 03/06/1979

Date: 10/11/2016 Age: 37y

Account #: FA1307223089

Accession #: 972317.001FTZ Weight: kg / NaN lbs

Sex: M

Room #: 506

Type: Inpatient

Loc: Patient Room

Referring: HALSTEADJEFFREY

Reading: MARINO LEONARDI, MD

Sonographer: CMB

Transthoracic Echocardiogram

CPT Codes:

*Echo Comprehensive (93306)

Indication:

r/o veg

BP: 134/68

HR: 75

Conclusions

The left ventricular systolic function is low normal to mildly decreased, the ejection fraction is estimated at 45-50%

The left ventricular chamber size is mildly dilated.

There is trace tricuspid regurgitation.

Findings

Left Ventricle:

The left ventricular chamber size is mildly dilated. There is borderline concentric left ventricular hypertrophy. The ejection fraction is estimated at 45-50% The left ventricular systolic function is mildly decreased.

Left Atrium:

The left atrium is top normal.

MERCY FITZGERALD HOSPITAL
LANSDOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

DOB: 03/06/1979

Sex: M

Right Ventricle:

The right ventricular cavity size is normal. The right ventricular global systolic function is normal.

Right Atrium:

The right atrial cavity size is normal.

Aortic Valve:

The aortic valve is trileaflet. There is no dilatation of the aortic root. Systolic excursion of the aortic valve is normal. There is no evidence of aortic stenosis. There is no evidence of aortic regurgitation.

Mitral Valve:

The mitral valve leaflets appear normal. There is no evidence of mitral stenosis. There is no evidence of mitral regurgitation.

Tricuspid Valve:

The tricuspid valve leaflets are morphologically normal. There is no tricuspid stenosis. There is trace tricuspid regurgitation present.

Pulmonic Valve:

The pulmonic valve is not well visualized. There is no pulmonic stenosis present. There is trace pulmonic regurgitation present.

Pericardium:

There is no pericardial effusion.

Venous:

There is less than 50% respiratory change in the inferior vena cava dimension.

Measurements

Name	Value	Normal Range
IVSd (MM)	0.97 cm	(0.3 - 1.1)
LVPWd (MM)	1.03 cm	(0.7 - 1.1)
LVIDd (MM)	5.66 cm	(3.8 - 5.7)
LVIDs (MM)	3.93 cm	-
EF Teichholz (MM)	57.27 %	-
Ao root diameter (MM)	2.9 cm	-
LA dimension (AP) MM	3.31 cm	(1.5 - 4)
LA:Ao ratio (MM)	1.14 ratio	-
Name	Value	Normal Range
MV E-wave Vmax	0.85 m/sec	-
MV deceleration time	188.47 msec	(160 - 240)
MV A-wave Vmax	0.57 m/sec	-
MV E:A ratio	1.48 ratio	(1.1 - 1.5)
Name	Value	Normal Range
AV Vmax	1.49 m/sec	(1 - 1.7)
AV peak gradient	8.91 mmHg	-
LVOT Vmax	0.81 m/sec	(70 - 110)
LVOT peak gradient	2.62 mmHg	-

MERCY FITZGERALD HOSPITAL
LANSDOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

DOB: 03/06/1979

Sex: M

Name	Value	Normal Range
------	-------	--------------

MV PHT	54.66 msec	-
--------	------------	---

MVA (PHT)	4.03 cm2	-
-----------	----------	---

Name	Value	Normal Range
------	-------	--------------

PV Vmax	0.66 m/sec	-
---------	------------	---

PV peak gradient	1.75 mmHg	-
------------------	-----------	---

Electronically signed by: MARINO LEONARDI, MD on 10/11/2016 17:10:17

<Electronically signed by MARINO LEONARDI, MD in OV>

LEONARDI,MARINO MD 10/11/16

DT: 10/11/16 1710

JOB: 1011-0015

MERCY FITZGERALD HOSPITAL
LANSLOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

Phone # (000)000-0000

Order # 1012-0082

DOB: 03/06/1979

Exam Date: 10/12/16

Report #1015-0024

Sex: M

Status: ADM IN

Ordering Physician: AHANGAR, WASEEM MD

CC: ~

Procedure Reason: ABNORMAL EKG

Study: Electrocardiogram

Order Date/Time: 10/12/16 1200

*****Signed Status*****

Date of Procedure:

Test Reason : ABN

Blood Pressure : ***/*** mmHG

Vent. Rate : 093 BPM Atrial Rate : 093 BPM

P-R Int : 128 ms QRS Dur : 094 ms

QT Int : 352 ms P-R-T Axes : 075 018 005 degrees

QTc Int : 437 ms

Normal sinus rhythm

Early transition.

Nonspecific ST and T wave abnormality

Abnormal ECG

Confirmed by SEIFERT, M.D., RICHARD (1011) on 10/15/2016 11:01:07 PM

Referred By: JEFFREY HALSTEAD

Confirmed By: RICHARD SEIFERT, M.D.

<Electronically signed by RICHARD A SEIFERT, MD in OV>

SEIFERT,RICHARD A, MD

10/15/16

DT: 10/15/16 2301

JOB: 1015-0024

MERCY FITZGERALD HOSPITAL
LANSDOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

Phone # (000)000-0000

Order # 1013-0108

DOB: 03/06/1979

Exam Date: 10/13/16

Report #1019-0063

Sex: M

Status: ADM IN

Ordering Physician: BORIKAR, MADHURA S MD

CC: ~

Procedure Reason: OTHERQTc monitoring

Study: Electrocardiogram

Order Date/Time: 10/13/16 1104

*****Signed Status*****

Date of Procedure:

Test Reason : OTH

Blood Pressure : ***/*** mmHG

Vent. Rate : 099 BPM Atrial Rate : 099 BPM

P-R Int : 132 ms QRS Dur : 108 ms

QT Int : 340 ms P-R-T Axes : 076 026 006 degrees

QTc Int : 436 ms

Normal sinus rhythm

Left ventricular hypertrophy with secondary repolarization changes

Non-specific intra-ventricular conduction delay

Abnormal ECG

When compared with ECG of 12-OCT-2016 11:14,

No significant change was found

Confirmed by Menetrey, D.O., Jammie (1128) on 10/19/2016 12:44:00 PM

Referred By: MARIO LITTMAN

Confirmed By: Jammie Menetrey, D.O.

<Electronically signed by JAMMIE E MENETREY, DO in OV>

MENETREY,JAMMIE E DO

10/19/16

DT: 10/19/16 1244

JOB: 1019-0063

MERCY FITZGERALD HOSPITAL
LANSLOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

Phone # (000)000-0000

Order # 1020-0093

DOB: 03/06/1979

Exam Date: 10/20/16

Report #1022-0016

Sex: M

Status: ADM IN

Ordering Physician: MANN, RUPINDER K MD

CC: ~

Procedure Reason: TACHYCARDIA

Study: Electrocardiogram

Order Date/Time: 10/20/16 1910

*****Signed Status*****

Date of Procedure:

Test Reason : TACHY

Blood Pressure : ***/*** mmHG

Vent. Rate : 148 BPM Atrial Rate : 148 BPM

P-R Int : 112 ms QRS Dur : 088 ms

QT Int : 284 ms P-R-T Axes : 073 032 018 degrees

QTc Int : 445 ms

Sinus tachycardia

RSR' or QR pattern in V1 suggests right ventricular conduction delay

Left ventricular hypertrophy

Nonspecific ST and T wave abnormality

Abnormal ECG

Confirmed by SEIFERT, M.D., RICHARD (1011) on 10/22/2016 6:10:19 PM

Referred By: JEFFREY HALSTEAD

Confirmed By: RICHARD SEIFERT, M.D.

<Electronically signed by RICHARD A SEIFERT, MD in OV>

SEIFERT,RICHARD A, MD

10/22/16

DT: 10/22/16 1810

JOB: 1022-0016

MERCY FITZGERALD HOSPITAL
LANSDOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA, OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

Phone # (000)000-0000

Order # 1021-0042

DOB: 03/06/1979

Exam Date: 10/21/16

Report #1023-0004

Sex: M

Status: ADM IN

Ordering Physician: HOWLAND, AMANDA R MD

CC: HOWLAND, AMANDA R MD~

Procedure Reason: TACHYCARDIA

Study: 2D ECHO with Color Flow Dopp

Order Date/Time: 10/21/16 1100

*****Signed Status*****

Patient: EFUNNUGA, OLUTOKUNBO

Med Rec #: F001250247 DOB: 03/06/1979

Date: 10/23/2016 Age: 37y

Account #: FA1307223089 Height: 170.18 cm / 67.0 in

Accession #: 978492.001FTZ Weight: 92.99 kg / 204.9 lbs

Sex: M BSA: 2.04

Room #: 506

Type: Inpatient

Loc: Patient Room

Referring: HALSTEADJEFFREY

Reading: Peter Correnti Jr D.O.

Sonographer: SHARP, GIOIA

Transthoracic Echocardiogram

Diagnosis:

***Sinus tachycardia (785.0)**

CPT Codes:

***Echo Comprehensive (93306)**

Indication:

Tachycardia

BP: 122/75

Conclusions

Technically difficult study.

The left ventricle chamber size, wall thickness, systolic and diastolic function are within normal limits. There are no wall motion abnormalities. Ejection fraction is normal.

The Right Ventricular systolic pressure is calculated at 58.85mmHg.

There is trace to mild tricuspid regurgitation.

There is evidence of moderate pulmonary hypertension.

Findings

Technical Comments:

Technically difficult study.

Left Ventricle:

MERCY FITZGERALD HOSPITAL
LANSDOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

DOB: 03/06/1979

Sex: M

The left ventricle chamber size, wall thickness, systolic and diastolic function are within normal limits. There are no wall motion abnormalities. Ejection fraction is normal.

Left Atrium:

The left atrium is normal in size with no visual thrombus identified.

Right Ventricle:

The right ventricular chamber size and systolic function are within normal limits. The Right Ventricular systolic pressure is calculated at 58.85mmHg.

Right Atrium:

The right atrium appears normal.

Aortic Valve:

The aortic valve is trileaflet. The leaflets are thin with normal excursion. There is no aortic stenosis or regurgitation present.

Mitral Valve:

The mitral valve appears normal in structure and function.

Tricuspid Valve:

The tricuspid valve leaflets are morphologically normal. There is trace to mild tricuspid regurgitation.

Pulmonic Valve:

The pulmonic valve appears normal in structure and function.

Pericardium:

There is no pericardial effusion.

Aorta:

The aortic root appears normal.

Pulmonary Artery:

There is evidence of moderate pulmonary hypertension.

Measurements

Name	Value	Normal Range
IVSd (MM)	1.1 cm	(0.3 - 1.1)
LVPWd (MM)	1.1 cm	(0.7 - 1.1)
LVIDd (MM)	5.19 cm	(3.8 - 5.7)
LVIDs (MM)	3.38 cm	-
EF Teichholz (MM)	63.74 %	-
Ao root diameter (MM)	3.44 cm	-
LA dlmension (AP) MM	3.44 cm	(1.5 - 4)
LA:Ao ratio (MM)	1 ratio	-
AV cusp separation (MM)	2.41 cm	(2.1 - 3.5)
Name	Value	Normal Range
MV E-wave Vmax	0.97 m/sec	-
MV deceleration time	235.36 msec	(160 - 240)
MV A-wave Vmax	0.97 m/sec	-
MV E:A ratio	1 ratio	(1.1 - 1.5)
Name	Value	Normal Range

MERCY FITZGERALD HOSPITAL
LANSDOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

DOB: 03/06/1979

Sex: M

LVOT Vmax 1.02 m/sec (70 - 110)

LVOT peak gradient 4.14 mmHg -

Name	Value	Normal Range
------	-------	--------------

MV PHT	68.25 msec	-
--------	------------	---

MVA (PHT)	3.22 cm2	-
-----------	----------	---

Name	Value	Normal Range
------	-------	--------------

TR Vmax	3.49 m/sec	-
---------	------------	---

TR peak gradient	48.85 mmHg	-
------------------	------------	---

RAP	10 mmHg	-
-----	---------	---

RVSP	58.85 mmHg	-
------	------------	---

Name	Value	Normal Range
------	-------	--------------

PV Vmax	0.83 m/sec	-
---------	------------	---

PV peak gradient	2.73 mmHg	-
------------------	-----------	---

Electronically signed by: Peter Correnti Jr D.O. on 10/23/2016

12:54:17

<Electronically signed by PETER CORRENTI JR, DO in OV>

CORRENTI JR,PETER, DO	10/23/16
-----------------------	----------

DT: 10/23/16 1254

JOB: 1023-0004

MERCY FITZGERALD HOSPITAL
LANSDOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA, OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

Phone # (000)000-0000

Order # 1024-0041

DOB: 03/06/1979

Exam Date: 10/24/16

Report #1024-0013

Sex: M

Status: ADM IN

Ordering Physician: LITTMAN, MARIO MD

CC: LITTMAN, MARIO, MD~

Procedure Reason: OTHEREVALUATE

Study: Transesophageal Echocardiogram

Order Date/Time: 10/24/16

*****Signed Status*****

Patient: EFUNNUGA, OLUTOKUNBO

Med Rec #: F001250247 DOB: 03/06/1979

Date: 10/24/2016 Age: 37y

Account #: FA1307223089

Accession #: 979615.001FTZ Weight: kg / NaN lbs

Sex: M

Loc: Operating Room

Reading: Jammie Menetrey, DO

Sonographer: OR

Transesophageal Echocardiogram

CPT Codes:

*Echo TEE Full (93312)

Indication:

Rule out IE

Conclusions

Mildly reduced left and right ventricular systolic function.

No significant valvular abnormalities.

No source of infectious endocarditis seen.

Findings

TEE Procedure:

The procedure and risk were explained to the patient who consented to the study. The procedure was performed following informed consent. General sedation was achieved with anesthesia present using incremental intravenous doses of Propofol. The TEE probe was gently passed into the esophagus and advanced to the gastric level. Multiple images including doppler and color flow were obtained. Patient tolerated the procedure well.

Technical Comments:

Technically good study.

Left Ventricle:

The left ventricular chamber size is normal. The ejection fraction is estimated at 40-45%. The left ventricular systolic function is normal.

MERCY FITZGERALD HOSPITAL
LANSDOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

DOB: 03/06/1979

Sex: M

Left Atrium:

The left atrium is normal in size with no visual thrombus identified.

The left atrial appendage velocity is normal. No atrial septal defect is visualized.

Right Ventricle:

The right ventricular cavity size is mildly enlarged. The right ventricular global systolic function is mildly reduced.

Right Atrium:

The right atrium appears normal.

Aortic Valve:

The aortic valve is trileaflet. The leaflets are thin with normal excursion. There is no aortic stenosis or regurgitation present.

Mitral Valve:

The mitral valve appears normal in structure and function.

Tricuspid Valve:

The tricuspid valve appears normal in structure and function.

Pulmonic Valve:

The pulmonic valve appears normal in structure and function.

Pericardium:

The pericardium appears normal.

Aorta:

The aortic root appears normal.

Electronically signed by: Jammie Menetrey, DO on 10/24/2016 12:51:15

<Electronically signed by JAMMIE E MENETREY, DO in OV>

MENETREY,JAMMIE E DO 10/24/16

DT: 10/24/16 1251

JOB: 1024-0013

MERCY FITZGERALD HOSPITAL
LANSDOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

Phone # (000)000-0000

Order # 1022-0016

DOB: 03/06/1979

Exam Date: 10/22/16

Report #1024-0082

Sex: M

Status: ADM IN

Ordering Physician: REGAN, JOHN E MD

CC: ~

Procedure Reason: OTHERCheck QT segment

Study: Electrocardiogram

Order Date/Time: 10/22/16 1110

*****Signed Status*****

Date of Procedure:

Test Reason : OTH

Blood Pressure : ***/*** mmHG

Vent. Rate : 123 BPM Atrial Rate : 123 BPM

P-R Int : 126 ms QRS Dur : 086 ms

QT Int : 286 ms P-R-T Axes : 057 010 -14 degrees

QTc Int : 409 ms

Sinus tachycardia

Minimal voltage criteria for LVH, may be normal variant

T wave abnormality, consider anterior ischemia

Abnormal ECG

When compared with ECG of 20-OCT-2016 19:12,

RSR' pattern in V1 is no longer Present

ST no longer depressed in Anterior leads

Nonspecific T wave abnormality now evident in Lateral leads

Confirmed by LEONARDI, MD, MARINO (2251) on 10/24/2016 4:04:03 PM

Referred By: JEFFREY HALSTEAD

Confirmed By: MARINO LEONARDI, MD

<Electronically signed by MARINO LEONARDI, MD in OV>

LEONARDI,MARINO MD

10/24/16

DT: 10/24/16 1604

JOB: 1024-0082

MERCY FITZGERALD HOSPITAL
LANSLOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital
Mercy Health System
Department of Cardiology

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

Acct # FA1307223089

Phone # (610)622-4387

Order # 1025-0024

DOB: 03/06/1979

Exam Date: 10/25/16

Report #1026-0062

Sex: M

Status: ADM IN

Ordering Physician: JILANI, ABUBAKER K MD

CC: ~

Procedure Reason: OTHERelevated K

Study: Electrocardiogram

Order Date/Time: 10/25/16 0713

*****Signed Status*****

Date of Procedure:

Test Reason : OTH

Blood Pressure : ***/*** mmHG

Vent. Rate : 115 BPM Atrial Rate : 115 BPM

P-R Int : 126 ms QRS Dur : 086 ms

QT Int : 302 ms P-R-T Axes : 066 027 007 degrees

QTc Int : 417 ms

Sinus tachycardia

Possible Left atrial enlargement

Borderline ECG

When compared with ECG of 22-OCT-2016 11:29,

Nonspecific T wave abnormality no longer evident in Lateral leads

Confirmed by ALBIZEM, M.D., HAYTHAM (1073) on 10/26/2016 6:28:30 PM

Referred By: JEFFREY HALSTEAD

Confirmed By: HAYTHAM ALBIZEM, M.D.

<Electronically signed by HAYTHAM ALBIZEM, MD in OV>

ALBIZEM,HAYTHAM, MD

10/26/16

DT: 10/26/16 1828

JOB: 1026-0062

MERCY FITZGERALD HOSPITAL
LANSDOWNE AVE BAILEY RD DARBY, PA 19023
Reports: (610) 237-5003 Scheduling: (610) 237-2525

Mercy Fitzgerald Hospital Consultation Note

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1007-0295
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

HPI

Encounter Date & Time

10/7/16 14:20

Reason for Request

VDRF, Drug Intoxication

Service: Critical Care

Source: Family, Old Medical Record

History of Present Illness

37 y/o was brought to the ED secondary to being found at home unresponsive. The patient himself is obtunded and unable to provide any subjective data. According to his sisters, the patient was in his usual state of health and had not been acting erratically, unusually happy or depressed, last seen at approximately 9-9:30 last night. At about 6am, one of his sisters found the patient unresponsive and called 911. When EMS arrived, he was still unresponsive and he did not respond to any narcan. The patient was intubated in the emergency department. The family reports that he has been under a significant amount of stress lately, though they state that he is a private person and would not divulge.

Primary Care Provider

Doctor,None (FAMILY)

Attending Physician

Littman,Mario,MD

Past Medical History

Medications

Home Meds Reviewed: Yes

Active Meds Reviewed: Yes

Allergies

Allergies:

Coded Allergies:

Unable to Assess (Unverified , 10/7/16)

Medical History

Medical History:

(1) HIV (human immunodeficiency virus infection)

(2) Drug abuse

History of Cancer:

Surgical History:

Procedural History:

Family History

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1007-0295
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Consultation Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Patient History:**Diabetes mellitus****MOTHER, Onset:Unknown****UNCLE, Onset:Unknown****AUNT, Onset:Unknown****Glaucoma****Hypertension****UNCLE, Onset:Unknown****AUNT, Onset:Unknown****Social History****Smoking Status:** Never Smoker**Alcohol Use:** Socially**Recreational Drug Use:** Cocaine, Marijuana**Review of Systems****Unable to Obtain:** Clinical Condition**Physical Exam****Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/7/16 13:00		115	23	128/67	100	Ventilator		40
10/7/16 11:00	36.4							

Weight in Kg

84.50

Bedside Blood Glucose**10/7/16 08:16:** POC Glucose 82**Physical Exam (Structured)****General Appearance:** : Appears Stated Age: No Acute Distress: Other (OBTUNDED)**Eye Exam:** : Abnormal Pupil (2mm and non reactive): Sclera AnictericNo: PERRL**Eyelid:** Bilateral: Normal**Head Exam:** : Atraumatic: Moist Mucous Membranes: Normocephalic: Symmetric**Ear:** Bilateral: Normal**Lips:** Normal**Gums and Mucosa:** : Normal**Neck:** : Supple**Jugular Venous Distention:** Absent**Thyroid:** : Normal**Chest Appearance:** : Normal**Respiratory Effort:** : Normal (on mechanical ventilation)**Lung Sounds:** : CTA Bilateral**General:** Regular Rate and Rhythm**Cardiac Rhythm:** Regular

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1007-0295

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Consultation Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Heart Sounds: : Normal**Peripheral Pulse:** Strong Radial L, Strong Radial R**Upper Extremity Edema:** Bilateral: None**Lower Extremity Edema:** Bilateral: None**Hepatojugular Reflex:** Absent**Abdomen:** : Bowel Sounds Noted: Non-tender: SoftNo: Distended**Abdominal Inspection:** : Normal**Extremity Appearance:** LUE: Normal, RUE: Normal, LLE: Normal, RLE: Normal**Level of Consciousness:** Unresponsive**Cranial Nerve Evaluation:** Normal: Other (unable to be properly assessed due to mental status)**Neurological Comments**

No Doll's Eyes

No Corneals

+Cough

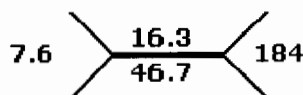
+Gag

No response to any painful stimulus

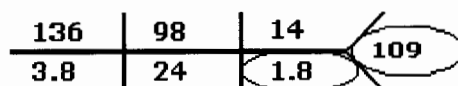
No babinski

Regional Findings:**Altered Structure:** No: Cervical, Costal Cage, Lumbar, Other, Sacro-Pelvic, Thoracic**Altered Motion:** Absent: Cervical, Costal Cage, Lumbar, Other, Sacro-Pelvic, Thoracic**Results****Lab Results, CBC Diagram**

10/7/16 07:32

**Lab Results, BMP Diagram**

10/7/16 07:32

**Diagnostics Reviewed:** Yes**Imaging****Exam:** CR Chest PORTABLE***** Signed Status *****

IMPRESSION: Endotracheal tube in satisfactory position. No pneumonia.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Altered mental status, unresponsive.

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1007-0295

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Consultation Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

TECHNIQUE: AP chest radiograph. Comparison: None.

FINDINGS:

LUNGS: Low lung volumes No mass, consolidation, pleural effusion, or pneumothorax.

CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: No adenopathy.

MSK: No acute displaced fracture.

OTHER: Endotracheal tube is in place with the tip approximately 4.8 cm above carina.

Communication code 0: ED preliminary interpretation was not recorded on PACS at the time of the final report. Final report shows no critical finding.

This study was reviewed with the attending radiologist, Dr. Oleg Teytelboym, who was in agreement.

Thank you for choosing Mercy Health System

<Electronically signed by OLEG M TEYTELBOYM, MD in OV>

e-Sign Pager: (610)221-0257

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

IMPRESSION: 1. No intracranial hemorrhage or acute infarct.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Altered mental status

TECHNIQUE: Unenhanced CT of the head with axial, coronal, sagittal reformats. Comparison: None

FINDINGS:

POSTOPERATIVE CHANGES: None.

BRAIN VOLUME: Normal volume for age.

ACUTE INFARCT: No focal hypodensity to suggest acute infarct.

CHRONIC INFARCT: None.

MASS LESIONS: None.

WHITE MATTER: White matter is within normal limits.

HEMORRHAGE: No intracranial hemorrhage.

VASCULATURE: No hyperdense vascular thrombus. No calcified intracranial plaque.

MSK: No fractures or soft tissue swelling.

SINUSES/MASTOIDS: Visualized paranasal sinuses are clear. Mastoid air cells are clear. Fluid in the nasal cavity and nasopharyngeal airway is presumably related to endotracheal intubation.

OTHER: None.

Thank you for choosing Mercy Health System

<Electronically signed by FRASER H BROWN, MD in OV>

e-Sign Pager: (610)221-1965

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Impression and Plan

Problem List:

(1) Acute respiratory failure with hypoxia and hypercapnia

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1007-0295

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Consultation Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

-
- (2) Toxic encephalopathy
 - (3) Respiratory failure
 - (4) On mechanically assisted ventilation
 - (5) Lactic acidosis
 - (6) AKI (acute kidney injury)
 - (7) Respiratory acidosis
 - (8) Rhabdomyolysis
 - (9) Drug overdose

Chronic Problems:

- (1) HIV (human immunodeficiency virus infection)
- (2) Drug abuse

Plan

Neuro: The patient is currently obtunded and other than triggering the ventilator and having a cough/gag, there is no other neurological response. Ddx includes, but is not limited to Seizures, Encephalitis, Meningitis, Anoxia, or just as a consequence of his overdose, specifically the TCA. Will get a STAT EEG, neuro consult. The patient may very well need an LP is nothing else has been found. The patient has not had any witnessed seizure activity, though he does have HIV which cannot fully rule out HSV and may very well need an MRI sooner than later. Will perform neurochecks Q6h. Will keep him off sedation until he wakes up.

CV: At this time, his QRS is not showing any acute changes other than a slight widening of the QRS complex. Will get an EKG Q6h and if there are any changes, the patient will be started on a bicarb gtt. Doubt any ACS as the cause of this as the patient has 2 negative troponins.

Pulm: VDRF secondary to inability to protect his airway. He has an acute respiratory acidosis, likely owing to his mental status change and hypopnea. Will use the ventilator, increase his RR to 22 and recheck his ABG.

GI: No acute issues at this time. Use pepcid for prophylaxis

Renal: AKI. Unknown if this is pre-renal from hypotension or volume depletion or due to a post renal obstruction as a recent bladder scan shows 700cc in the bladder. Will place a foley catheter and measure urine output. Avoid nephrotoxic medications. Send from a random electrolyte panel and check a FeNa.

ID: Known HIV infection. Family is going to be bringing in his home medications and will restart them. Check a CD4 count and viral load.

Heme/Onc: No acute issues at this time. Lovenox for VTE prophylaxis

Endo: Keep sugars <180, check a TSG with reflex T4.

F/E/N: Repleat electrolytes. Lactic acidosis may be due to seizures vs volume contraction. Will repeat in 6 hours. Start the patient on tube feeds. Rhabdo, will give him LR@125cc/hr. Once the patient wakes, we will get psych involved for the OD and possible SI.

Condition: Critical

Additional Comments

Two of the patient's sisters were in the room and they were updated on the plan. All of their questions were answered to their satisfaction.

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1007-0295

REPORT STATUS: Signed

Page 6 of 6

**Mercy Fitzgerald Hospital
Consultation Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Critical care time excluding teaching or procedures: 50 minutes.

LERMAN,GABRIEL S DO

Oct 7, 2016 14:26

<Electronically signed by GABRIEL S LERMAN, DO> 10/07/16 1452

LERMGA / GSL / DD 10/07/16 1426 / DT 10/07/16 1426

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1007-0295
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Neurology Consultation

PATIENT: EFUNNUGA, OLUTOKUNBO
 ACCT: FA1307223089
 REPORT #: 1007-0354
 ROOM/BED: 506-01
 SEX: M
 ATTENDING: LITTMAN, MARIO, MD
 PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
 ADMIT DATE: 10/07/16
 DOB: 03/06/1979

*** Signed Status ***

HPI

Encounter Date & Time

10/7/16 15:46

Reason for Request

Encephalopathy

Service: Neurology

Chief Complaint

Found unresponsive

Source: Family (Sister), Other (chart review)

History of Present Illness

This is a 37-year-old man with history of HIV infection and depression is confirmed by his sister. Per family he had been is in the usual state of health. There is a history of occasional marijuana use. But his sister is not aware of any cocaine use. When he was picked up by EMS apparently there was some evidence of drugs. Patient was given Narcan, which did not alter his sensorium. There is no eye witnessed account of any convulsions. He was unable intubated to protect his airway. Per sister no recent history of any acute illness. No recent reported headache or neck pain.

Primary Care Provider

Doctor, None (FAMILY)

Attending Physician

Littman, Mario, MD

Past Medical History

Medications

Medication Comment

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Heparin Sodium (Porcine)	5,000 units	Q8	10/7/16 13:00		10/7/16 13:54
Fentanyl Citrate 50 mcg	50 mcg	Q2H PRN	10/7/16 08:30		
Thiamine HCl 100 mg/Folic Acid 1 mg/Sodium Chloride	101.2 ml @ 100 mls/hr	DAILY	10/7/16 10:30		10/7/16 11:19
Lactated Ringer's	1,000 ml @ 125 mls/hr	Q8H	10/7/16 15:00		

PATIENT: EFUNNUGA, OLUTOKUNBO
 CC:
 REPORT #: 1007-0354
 REPORT STATUS: Signed

Mercy Fitzgerald Hospital Neurology Consultation

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Allergies**Allergies:****Coded Allergies:**

Unable to Assess (Unverified , 10/7/16)

Medical History**Medical History:****(1) HIV (human immunodeficiency virus infection)****History of Cancer:****Surgical History:****Procedural History:****Family History****Patient History:****Diabetes mellitus****MOTHER, Onset:Unknown****UNCLE, Onset:Unknown****AUNT, Onset:Unknown****Glaucoma****Hypertension****UNCLE, Onset:Unknown****AUNT, Onset:Unknown****Social History****Smoking Status:** Never Smoker**Alcohol Use:** Socially**Recreational Drug Use:** Cocaine (urine tox screen is positive for cocaine, but sister is unaware of any previous cocaine use), Marijuana**Review of Systems****Unable to Obtain:** Clinical Condition (some information obtained from his sister)**Head and Neck:** Denies: Headache, Neck Pain**Psychiatric:** : Depressed Denies: Suicidal Ideation**Physical Exam****Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/7/16 15:00		97	28	108/50	100	Ventilator		40
10/7/16 14:00	37.5							

Weight in Kg

84.50

Bedside Blood Glucose**10/7/16 08:16:** POC Glucose 82

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1007-0354

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Neurology Consultation

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Physical Exam

Patient is intubated and unresponsive to any verbal or painful stimulation. Heart sounds are regular. Pupils are reactive to light. There is no forced gaze deviation. Corneal reflex assessment was deferred. Doll's eye reflex is weak. Gag reflex is positive. No withdrawal or posturing of the extremities was noted. Deep tendon reflexes are diminished throughout. Plantars are mute. Sensory examination and assessment of coordination deferred

Results**Lab Results****Laboratory Tests**

Test	10/7/16 07:32	10/7/16 08:15	10/7/16 08:16	10/7/16 08:17
White Blood Count	7.6Thou/uL (4.5-11.0)			
Red Blood Count	4.76Mill/UL (4.70-6.10)			
Hemoglobin	16.3g/dL (13.5-17.5)			
Hematocrit	46.7% (41.0-53.0)			
Mean Corpuscular Volume	98.1fL (80-100)			
Mean Corpuscular Hemoglobin	34.2pg (28.4-32.0)			
Mean Corpuscular Hemoglobin Concent	34.9g/dL (32.6-34.8)			
Red Cell Distribution Width	13.6% (11.5-14.5)			
Platelet Count	184THOU/UL (150-450)			
Mean Platelet Volume	9.4fL (7.4-10.4)			
Neutrophils %	77.0% (42.0-75.0)			
Lymphocytes %	16.2% (18.0-44.0)			
Monocytes %	6.1% (0.0-18.0)			
Eosinophils %	0.4% (0.0-5.0)			
Basophils %	0.3% (0.0-2.0)			
Neutrophils #	5.9Thou/uL (1.8-8.0)			
Lymphocytes #	1.2Thou/uL (1.2-4.2)			
Monocytes #	0.5Thou/uL (0.0-1.0)			

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1007-0354

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Neurology Consultation**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Eosinophils #	0.0Thou/uL (0.0-0.7)			
Basophils #	0.0Thou/uL (0.0-0.5)			
Prothrombin Time	14.1SECONDS (11.3-15.3)			
Prothromb Time International Ratio	1.2 (0.8-1.2)			
Activated Partial Thromboplast Time	31.0SECONDS (24.0-39.0)			
Sodium Level	136mEq/L (136-147)			
Potassium Level	3.8mEq/L (3.6-5.2)			
Chloride Level	98mmol/L (98-108)			
Carbon Dioxide Level	24mmol/L (23-32)			
Anion Gap	14.0 (6.0-16)			
Blood Urea Nitrogen	14mg/dL (6-22)			
Creatinine	1.8mg/dL (0.8-1.4)			
Estimat Glomerular Filtration Rate	43mL/min (>60)			
Estimated GFR (African American)	52mL/min/1.73m ² (>60)			
BUN/Creatinine Ratio	8.0 (7-23)			
Glucose Level	109mg/dL (70-99)			
Calcium Level	9.0mg/dL (8.8-10.5)			
Magnesium Level	2.4mg/dL (1.8-2.4)			
Total Bilirubin	0.5mg/dL (0.2-1.2)			
Direct Bilirubin	< 0.2mg/dL (0-0.3)			
Aspartate Amino Transf (AST/SGOT)	26U/L (14-51)			
Alanine Aminotransferase (ALT/SGPT)	20U/L (7-60)			
Alkaline Phosphatase	55U/L (42-157)			
Total Creatine Kinase	392U/L (32-230)			
Total Protein	8.4gm/dL (6.3-8.2)			

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1007-0354

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Neurology Consultation**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Albumin	4.0gm/dL (4.1-5.4)			
Globulin	4.4g/dL (2.3-3.5)			
Albumin/Globulin Ratio	1.0 (0.74-3.85)			
Salicylates Level	< 0.3mg/dL (0.0-44.0)			
Ethyl Alcohol Level	51mg/dL (<10)			
Urine Opiates Screen		Negative (NEGATIVE)		
Urine Oxycodone Screen		Negative (NEGATIVE)		
Urine Methadone Screen		Negative (NEGATIVE)		
Urine Propoxyphene Screen		Negative (NEGATIVE)		
Urine Barbiturates Screen		Negative (NEGATIVE)		
Urine Tricyclic Antidepressants		Positive (NEGATIVE)		
Urine Phencyclidine Screen		Negative (NEGATIVE)		
Urine Amphetamine Screen		Negative (NEGATIVE)		
Urine MDMA Screen		Negative (NEGATIVE)		
Urine Benzodiazepines Screen		Negative (NEGATIVE)		
Urine Cocaine Screen		Positive (NEGATIVE)		
Urine Cannabinoids Screen		Positive (NEGATIVE)		
Bedside Glucose			82mg/dL (70-99)	
Bedside Urine pH (LAB)				5.5 (5.0-9.0)
Bedside Urine Specific Gravity (LAB)				1.015 (1.005-1.030)
Bedside Urine Protein (LAB)				Negativemg/dL (NEGATIVE)
Bedside Urine Glucose (UA)				Negativemg/dL (NEGATIVE)
Bedside Urine Ketones (LAB)				Negativemg/dL (NEGATIVE)
Bedside Urine Blood				Negative (NEGATIVE)

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1007-0354

REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Neurology Consultation

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Bedside Urine Nitrite (LAB)				Negative (NEGATIVE)
Bedside Urine Bilirubin (LAB)				Negative (NEGATIVE)
Bedside Urine Urobilinogen (LAB)				0.2E.U./dL (0.1-2.0)
Bedside Urine Leukocyte Esterase (L)				Negative (NEGATIVE)

Test	10/7/16 08:25	10/7/16 10:25	10/7/16 14:40	
Arterial Blood pH	7.31 (7.35-7.45)			
Arterial Blood pH (Temp corrected)	7.31 (7.35-7.45)			
Arterial Blood Partial Pressure CO2	50.7mmHg (35.0-45.0)			
Arterial Blood pCO2 (Temp correct)	50.7 (35.0-45.0)			
Arterial Blood Partial Pressure O2	482mmHg (83-108)			
Arterial Blood pO2 (Temp corrected)	482 (83-108)			
Arterial Blood HCO3	25.4mmol/L (21-28)			
Arterial Bld O2 Saturation (Measur)	99.4% (95-98)			
Arterial Blood Base Excess	-1.3mmol/L (-2-2)			
Oxygen Delivery Device	1 na			
Blood Gas Ventilator Setting	18bpm			
FiO2	100.0%			
Blood Gas Tidal Volume	400mL			
Blood Gas PEEP	5.0cmH2O			
Arterial Blood Hematocrit		45.9% (41.0-53.0)		
Venous Blood pH		7.29 (7.32-7.43)		
Venous Blood pH (Temp Corrected)		7.29 (7.32-7.43)		
Venous Blood Partial Pressure CO2		59.2mmHg (38-50)		
Venous Blood pCO2 (Temp Corrected)		59.2 (38-50)		
Venous Blood Partial Pressure O2		43.5mmHg (30-50)		

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1007-0354

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Neurology Consultation**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Venous Blood pO2 (Temp Corrected)		43.5 (30-50)		
Venous Blood HCO3		28.6mmol/L (23-27)		
Venous Bld O2 Saturation (Measured)		71.6		
Venous Blood Base Excess		1.3mmol/L (-2-2)		
Bedside Sodium (Blood Gas)		141mmol/L (136-147)		
Bedside Potassium (Blood Gas)		4.3mmol/L (3.5-5.0)		
Bedside Chloride (Blood Gas)		105mmol/L (98-108)		
Ionized Calcium (Blood Gas)		1.17mmol/L (1.17-1.32)		
Lactate (Blood Gas)		2.6mmol/L (0.5-2.2)		
Blood Gas Temperature		98.6		
Urine Random Creatinine			126.0mg/dL	
Urine Random Sodium			64mmol/L	
Troponin T			<= 0.01ng/mL (<0.04)	

Diagnostics Reviewed: Yes**Impression and Plan****Problem List:****(1) Toxic encephalopathy**

Impression and Plan: Appears to be due to cocaine and marijuana. Blood alcohol level is 51. I'm not sure this is the sole factor, but could have been contributing to versus encephalopathy. Lab work also revealed slight uremia and that could be another possible contributing factor. Based on limited history and exam I have low suspicion for CNS infection or even seizures. But with his immunocompromised status would recommend lumbar puncture to rule out CNS infection. Otherwise continue supportive care and monitor neurological status.

Chronic Problems:

WALI, SALMAN MD

Oct 7, 2016 15:52

<Electronically signed by SALMAN WALI, MD> 10/07/16 1553

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1007-0354

REPORT STATUS: Signed

Page 8 of 8

**Mercy Fitzgerald Hospital
Neurology Consultation**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

WALISA / SAW / DD 10/07/16 1552 / DT 10/07/16 1552

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1007-0354
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Infectious Disease Consult**

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1009-0110
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

HPI

Encounter Date & Time

10/9/16 10:20

Reason for Request

HIV

Service: Infectious Disease

Chief Complaint

Found unresponsive

Source: Family

History of Present Illness

History obtained from the admit note as well as patient's sister is at the bedside. Patient is a 37-year-old African-American male who was found unresponsive on the kitchen floor by his sister then called the paramedics. According to the sister she saw him that morning and he was in his usual state of health and went to work and that evening he went out with his friends. His sister that they only had a couple of drinks and then returned home. The sister then found him around 6:30 in the morning on the kitchen floor unresponsive at the Center Alton. Patient did have his girlfriend at the house as well apparently stated that she was not aware when he got out of the bed or when he may have become unresponsive last she remembered was then going to bed together and he was behaving normally at that point. The sister is not aware of patient doing any form of drugs except smoking marijuana and apparently his girlfriend also did not reveal that her not they did any drugs. The paramedics apparently found cocaine in his pocket. In terms of his HIV status the patient was initially on female who was incarcerated for several years up until 3 years ago and the sister tells me that the patient told her that he was told that his HIV is well controlled so he could stop taking all medications. She tells me that he will then return for care some time this summer and she believes that it might have been at Delaware County Memorial Hospital but she is not sure and she states that he told her that he was taking medications again but when she went home to look for the medication she could not find any periods. But she thinks that is very private and does not reveal his status to his partners and hence might have hit the medications and maybe that is why she did not find them. She did call the Rite Aid pharmacy where he usually picks up his medications from and according to the pharmacist he last developed some form of prescription in September but she is not sure where he picked up. He was in his usual state of health prior to this acute episode and he did not complain to her off any headache or fevers or chills or visual disturbance. Some landscaping business.

Primary Care Provider

Doctor, None (FAMILY)

Attending Physician

Littman, Mario, MD

Past Medical History

Medications

Active Meds Reviewed: Yes

Allergies

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1009-0110
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Infectious Disease Consult

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Allergies:**Coded Allergies:**

Unable to Assess (Unverified , 10/7/16)

Medical History**Medical History:**

(1) HIV (human immunodeficiency virus infection)

(2) Drug abuse

History of Cancer:**Surgical History:****Procedural History:****Past Medical History:** Reviewed Problem List**Past Surgical History:** Reviewed Problem List**Family History****Patient History:****Diabetes mellitus****MOTHER, Onset: Unknown****UNCLE, Onset: Unknown****AUNT, Onset: Unknown****Glaucoma****Hypertension****UNCLE, Onset: Unknown****AUNT, Onset: Unknown****Social History****Smoking Status:** Never Smoker**Alcohol Use:** Socially**Recreational Drug Use:** Cocaine, Marijuana**Review of Systems****Unable to Obtain:** Clinical Condition**Physical Exam****Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/9/16 08:47								50
10/9/16 08:25			35					
10/9/16 08:00		123		143/77	93	Ventilator		
10/9/16 06:00	37.6							

Weight in Kg

93.90

Bedside Blood Glucose

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1009-0110

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Infectious Disease Consult

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

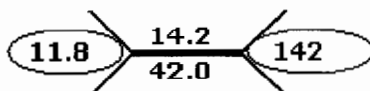
10/7/16 08:16: POC Glucose 82

Physical Exam (Structured)**General Appearance:** : No Acute Distress**Eye Exam:** : Sclera Anicteric**Head Exam:** : Normocephalic**Lung Sounds:** : CTA Bilateral**General:** Regular Rate and Rhythm**Abdomen:** : Bowel Sounds Noted: Soft**Extremity Appearance:** LUE: Normal, RUE: Normal, LLE: Normal, RLE: Normal**Level of Consciousness:** Other (patient did not open his eyes or follow any commands, he is having some, spontaneous movement of his upper extremities but does not appear to be on command or purposeful)**Integumentary Comments**

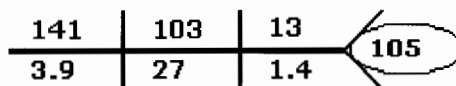
No lesions or rashes reported by the nursing

Results**Lab Results, CBC Diagram**

10/9/16 05:30

**Lab Results, BMP Diagram**

10/9/16 05:30

**Diagnostics Reviewed:** Yes**Impression and Plan****Plan**

Impression and plan

1. HIV

- Unclear if he truly was on medications or not at that as the history is not confirmed unclear
- Sister thinks he might have been getting care at Delaware County Memorial Hospital, discussed with the team to contact the ID service over there and see if he is in their system
- Please call the right leg pharmacy number provided by the sister to the ICU team to see if he was on any HIV meds that can be obtained from the
- Check a CD4 count
- Check a viral load
- Check a hepatitis panel

2. Change in mental status, unresponsiveness

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1009-0110

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Infectious Disease Consult**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

-
- Possibility of drug overdose
 - Neurology following
 - CT of the brain without any acute issues
 - Lumbar puncture thus far not consistent with meningitis, I have asked the Micro lab to add india ink and cryptococcal antigen as that can be seen with low WBC count on CSF as well
 - Afebrile
 - Blood cultures negative
 - MRSA screen negative
 - No evidence of pneumonia
 - No other evidence of a systemic bacterial infectious process thus far
 - Please consider MRI brain is able to do while patient on a ventilator

3. VDRF, ventilator management per ICU team

4. Rhabdomyolysis, CPK level yesterday was higher than admission. I have ordered an updated level for today

Discussed with ICU team, nursing as well as patient's sister at bedside

ASNANI,BHARTI, MD

Oct 9, 2016 10:27

<Electronically signed by BHARTI ASNANI, MD> 10/09/16 1031

ASNABH / BA / DD 10/09/16 1027 / DT 10/09/16 1027

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1009-0110
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Psychiatric Consultation**

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1019-0298
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

HPI

Encounter Date & Time

10/19/16 13:23

Reason for Request

I was consulted because the patient had taken an overdose, was suicidal, was recently extubated, and a 302 was placed on him by the intensive care attending M.D.

Service: Psychiatry

Chief Complaint

Patient is currently sedated and sleeping with a one-to-one observation in place.

Source: Patient, Family, Old Medical Record, Primary Physician, RN Notes

History of Present Illness

The patient was admitted over a week ago (on 10/7) after an overdose with suicidal intent involving cocaine, THC, etc. On 10/17, the patient was placed on a 302 by his attending physician because the patient wanted to leave and it was felt it would be dangerous for his well-being for him to do so and he has been on one-to-one observation since. The patient should not be allowed to leave the hospital and security or the police should be called if he attempts to elope. His sister said he has no prior psychiatry history but has HIV. His head CT scan was within normal limits. His attending physician (Dr. Lozada) told me that the patient had some significant medical conditions, including aspiration pneumonia, which are responding to treatment, and that he is still having episodes of delirium, which are felt most likely due to him currently having alcohol withdrawal symptoms. The attending M.D. said that they are actively treating his medical conditions to try to determine his medical baseline, and that it is too early for psychiatry to do a definitive evaluation of the patient, but that he (Dr. Lozada) will page us, 61-1208, when the patient is approaching being able to be medically cleared. At that time, we will do a psychiatry evaluation to determine if his 302 can be upheld, and if he needs to be transferred for psychiatric hospitalization. Apparently he also has legal charges, so he may be returned to the custody of legal authorities at that time.

Primary Care Provider

Doctor,None (FAMILY)

Attending Physician

Littman,Mario,MD

Review of Systems

Unable to Obtain: Altered Mental Status

Past Medical History

Medications

Home Meds Reviewed: Yes

Drug & Alcohol Use

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1019-0298
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Psychiatric Consultation

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Drug/Class	Last Use	Amount Used	Route	Frequency	Duration of Use
◦ Alcohol					
◦ Marijuana					
◦ Cocaine/Crack					
◦ Opiates					
◦ Benzodiazepines					
◦ PCP					
◦ Other					

Compliant with Meds & OP Tx: No**Active Meds Reviewed:** Yes**Allergies****Coded Allergies:**

No Known Allergies (Unverified , 10/12/16)

Family History**Diabetes mellitus****MOTHER, Onset:Unknown****UNCLE, Onset:Unknown****AUNT, Onset:Unknown****Glaucoma****Hypertension****UNCLE, Onset:Unknown****AUNT, Onset:Unknown****Physical Exam****Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/19/16 13:00		98	35	131/56	95	Nasal Cannula	2.00	
10/19/16 12:00	38.5							
10/15/16 19:00								40

Weight in Kg

93.00

Bedside Blood Glucose**10/19/16 11:11:** POC Glucose 130**Mental Status Exam****Mental Status Exam****Appearance:** : Appears Stated Age: Lethargic**Eye Contact:** None

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1019-0298

REPORT STATUS: Signed

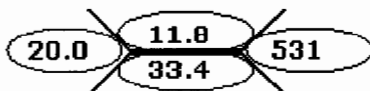
Mercy Fitzgerald Hospital Psychiatric Consultation

PATIENT: EFUNNUGA, OLUTOKUNBO

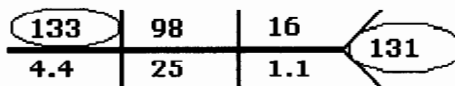
MR#: F001250247

Attitude Toward Examiner: Other**Level of Consciousness:** Stuporous**Orientation:** : Other**Affect:** : Other**Mood:** : Other**Speech:** Other**Rate of Speech:****Thought Process:** Other**Thought Content:** Other**Associations:****Lethality Suicide:****Lethality Homicide:****Memory:****Estimate of Intelligence:****Capacity for Judgment:** Poor Activities Daily Living, Poor Social Activities**Insight to Psych Condition:****Activities of Daily Living****Sleep:** Fairly Good**Results****Lab Results, CBC Diagram**

10/19/16 05:45

**Lab Results, BMP Diagram**

10/19/16 05:45

**Impression and Plan****Severity of Illness****1:1 Observation:** Yes**Danger to Self Evidenced By**

Patient attempted to elope and his attending in the felt it would be a danger to him medically if he did so.

Change in Symptoms: No Change**Assessment**

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1019-0298

REPORT STATUS: Signed

Page 4 of 4

**Mercy Fitzgerald Hospital
Psychiatric Consultation**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Mini Mental Status Exam: Not Done

Axis I:

(1) Drug abuse

Axis II:

(1) Antisocial personality disorder in adult

Axis III:

(1) Alcohol withdrawal delirium

(2) Suicidal overdose

Axis IV:

Patient Problems:

Additional Comments

Please page me, 61-1208, if you have questions, and when the patient is felt to be approaching being medically stable and at his baseline. I will then do a psychiatric evaluation related to his 302.

THOMPSON,TROY L MD

Oct 19, 2016 13:42

<Electronically signed by TROY L THOMPSON, MD> 10/19/16 1348

THOMTR / TT / DD 10/19/16 1342 / DT 10/19/16 1342

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1019-0298

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
General Surgery Consultation**

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1021-0001
ROOM/BED: 417-02
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

HPI

Encounter Date & Time

10/21/16 00:01

Service: Cardiothoracic Surgery

Chief Complaint

R loculated pleural effusion

History of Present Illness

37M with past history of HIV, anxiety, and polysubstance abuse who was admitted after being found unresponsive at home. He has intubated on arrival and has had a two-week ICU course for recovery from this suicide attempt. He was extubated on 10/15/16. Since that time his chest x-rays have demonstrated right lower lobe consolidation and increasing right pleural effusion. 2 attempts were made for IR thoracentesis, the first being on 10/18/16 which was aborted due to vigorous coughing and the patient's inability sit still and the second attempt being on 10/20/16 which only yielded 2 mL of serous fluid. Chest CT performed on 10/20/16 demonstrates a small to moderate loculated right effusion. Thoracic surgery is being consulted for evaluation and possible intervention for the patient's right loculated pleural effusion.

At time of exam the patient is resting comfortably in bed. He reports intermittent bouts of shortness of breath and dyspnea on exertion. He also reports cough productive of greenish sputum. He denies fevers, chills, sweats, chest pain, hemoptysis, wheezing, orthopnea, pleuritic chest pain, nausea, vomiting, constipation, diarrhea, dysuria.

On exam the patient appears to be short of breath as he is tachypneic and whispering. Respiratory rate is in the 30s, heart rate is in the 110s, and most recent temperature is 39.2°C. His oxygen saturation at this time is 95% on 2 L nasal cannula. Lungs with good air movement and equal expansion bilaterally, but diminished breath sounds at bilateral bases.

Primary Care Provider

Doctor, None (FAMILY)

Attending Physician

Littman, Mario, MD

Past Medical History

Allergies

Allergies:

Coded Allergies:

No Known Allergies (Unverified , 10/12/16)

Medical History

Medical History:

(1) Loculated pleural effusion

(2) HIV (human immunodeficiency virus infection)

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1021-0001
REPORT STATUS: Signed

Mercy Fitzgerald Hospital General Surgery Consultation

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

(3) Suicide and self-inflicted poisoning by drugs and medicinal substances**(4) Drug overdose****(5) Anxiety****(6) Polysubstance abuse****History of Cancer:****Surgical History:****Procedural History:****Family History****Patient History:****Diabetes mellitus****MOTHER, Onset:Unknown****UNCLE, Onset:Unknown****AUNT, Onset:Unknown****Glaucoma****Hypertension****UNCLE, Onset:Unknown****AUNT, Onset:Unknown****Review of Systems****Constitutional:** : Fatigue: General WeaknessDenies: Appetite Loss, Chills, Fever, Malaise, Night Sweats**Head and Neck:** Denies: Headache**Respiratory:** : Cough: SOB: SOB with Exertion: Sputum ProductionDenies: Hemoptysis, Orthopnea, Pleuritic Pain, Stridor, Wheezing**Gastrointestinal:** : Passing GasDenies: Abdominal Pain, Constipation, Diarrhea, Nausea, Poor Appetite, Poor Fluid Intake, Vomiting**Genitourinary:** Denies: Dysuria**Physical Exam****Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/20/16 23:00		122	37	124/54	98	Nasal Cannula	6.00	
10/20/16 19:58	39.2							

Weight in Kg

93.00

Bedside Blood Glucose**10/20/16 22:41:** POC Glucose 120**Physical Exam**

General: no apparent distress, appears stated age

HNT: moist mucous membranes

Eyes: sclera anicteric

Thorax: appears to be short of breath as he is tachypneic and whispering. Respiratory rate is in the 30s and oxygen saturation at this time is 95% on 2 L nasal cannula. Lungs with good air movement and equal expansion bilaterally, but diminished breath sounds at bilateral bases.

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1021-0001

REPORT STATUS: Signed

Mercy Fitzgerald Hospital
General Surgery Consultation

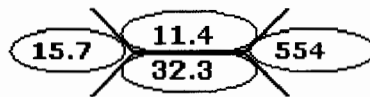
PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

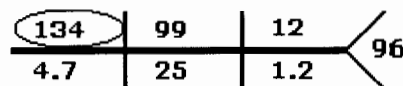
Cardiovascular: no jugular venous distension, no murmurs, pulse regular rate and rhythm
 Abdomen: soft, non-tender, non-distended, bowel sounds noted
 Neurologic: alert/awake/oriented, grossly no abnormalities

Results**Lab Results, CBC Diagram**

10/20/16 04:15

**Lab Results, BMP Diagram**

10/20/16 04:15

**Imaging**

Order Date: 10/20/16

Procedure Reason: fevers, rule out empyema**Exam: CT Chest W******* Signed Status *******IMPRESSION:**

1. Extensive consolidation throughout bilateral lower lobes most concerning for aspiration.
2. Small cavitary component in left lower lobe. Large cavitary component in superior segment of the right lower lobe measuring up to 6.4 cm. Underlying bronchopleural fistula is not excluded. Recommend short-term follow-up with chest CT.
3. Small to moderate loculated right effusion with underlying hydropneumothorax from recently performed thoracentesis. The pleural effusion could be parapneumonic or could represent empyema. Correlate with the result of recently performed thoracentesis.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Right-sided chest pain and fever, suspect empyema. Past medical history of HIV. Patient is status post right thoracentesis performed today.

TECHNIQUE: CT CHEST; axial, coronal, sagittal, MIP reformats. Contrast IV (Isovue-370): 64 ml. Comparison: Multiple prior chest x-rays dating back to 10/7/2016, the most recent 10/19/2016.

FINDINGS:**LOWER NECK:** No thyroid nodule or adenopathy.**MEDIASTINUM:** Right upper paratracheal adenopathy measuring 2.2 x 1.4 cm (series 3 image 16).**PULMONARY ARTERIES:** No central PE. Main PA: Normal size, 2.9 cm (normal <3 cm).

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1021-0001

REPORT STATUS: Signed

Mercy Fitzgerald Hospital General Surgery Consultation

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

THORACIC AORTA: Normal size, 2.2 cm max diameter (normal male ascending <4 cm; descending <3 cm). Aortic valve: No leaflet calcifications.

HEART: Coronary arteries: No calcified plaque. Left atrium: Normal size, 6 cm transverse diameter (normal <7.3 cm). Trace pericardial effusion. Left-sided PICC line terminates in right atrium.

LUNGS/AIRWAYS/PLEURA: Mild emphysema. Small to moderate right loculated pleural effusion with gas within the pleural space representing hydropneumothorax from recently performed thoracentesis. Extensive consolidation throughout bilateral lower lobes most concerning for aspiration. There is a small cavitory component in left lower lobe measuring 2.6 cm. There is a larger cavitory component involving the superior segment of the right lower lobe measuring up to 6.4 cm. Few scattered nodules throughout both lungs likely part of the same process.

UPPER ABDOMEN: No free air or ascites in visualized abdomen. Partially visualized feeding tube with the tip below the diaphragm.

MSK: No fracture or malalignment. No lytic or blastic lesions.

Impression and Plan

Problem List:

- (1) Loculated pleural effusion**
- (2) HIV (human immunodeficiency virus infection)**
- (3) Suicide and self-inflicted poisoning by drugs and medicinal substances**
- (4) Drug overdose**
- (5) Anxiety**
- (6) Polysubstance abuse**

Chronic Problems:

Plan

37M with past history of HIV, anxiety, and polysubstance abuse who was admitted after being found unresponsive at home. He has intubated on arrival on 10/17/16 and was extubated on 10/15/16. Since that time his chest x-rays have demonstrated right lower lobe consolidation and an increasing right pleural effusion, leading to failed attempts at IR drainage. Chest CT performed on 10/20/16 demonstrates a small to moderate loculated right effusion. Thoracic surgery is being consulted for evaluation and possible intervention for the patient's right loculated pleural effusion.

- Failed IR thoracentesis due to loculated pleural effusion
- Recommend conservative management for now
- Continue antibiotics as it is important to treat the underlying source of pneumonia. The patient is currently on Ceftriaxone with gentamicin and Flagyl having been recently added
- No acute surgical intervention at this time
- Follow-up chest CT in a few days to monitor progression of the disease
- At that time, the patient will be reevaluated in order to make a recommendation of pigtail/chest tube insertion with TPA and dornase for drainage of the loculated material versus operative intervention
- This plan has been discussed with and agreed upon by Dr. Shariff who will evaluate the patient on rounds
- Management per CCU team
- Thank you for this consult

SALIM, ANDREW N MD

Oct 21, 2016 12:01 am

<Electronically signed by ANDREW N SALIM, MD> 10/21/16 0537

<Electronically signed by HAJI M SHARIFF, MD> 10/28/16 1143

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1021-0001

REPORT STATUS: Signed

Page 5 of 5

Mercy Fitzgerald Hospital
General Surgery Consultation

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

SALIAN / ANS / DD 10/21/16 0001 / DT 10/21/16 0001

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1021-0001
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Cardiology Consultation**

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1024-0088
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Consult HPI

Encounter Date & Time

10/24/16 07:47

(KUMAR, NITISH MD)

Source: Patient

HPI

37M with a PMH of HIV, Depression, Polysubstance abuse initially presented on 10/7/16 after being found unresponsive at home. He was intubated in the ED for airway protection and was being managed in the ICU for acute respiratory failure. UDS was positive for TCA, Cocaine and Marijuana. He has had a prolonged ICU course during which he developed aspiration PNA, ARDS and also strep bacteremia. LP was also done which was negative for meningitis. He failed extubation multiple times but was eventually successfully extubated on 10/15. CXR demonstrated right lower lobe consolidation and worsening right pleural effusion. CT Chest showed aspiration PNA and right sided empyema. Thoracentesis only yielded 2mL of serous fluid. His antibiotics have been adjusted by the ID service and he is currently on Cefepime, Flagyl and Cefepime. Recently he has been spiking high fevers and continues to be tachycardic/tachypneic. Blood culture from 3 days ago negative. TTE from 10/23 was negative for any vegetation. Normal LVEF. Cardiology was consulted for possible TEE to rule out infective endocarditis.

At the time of my assessment in the ICU, patient is resting comfortably. He does complain of cough with some yellowish-whitish sputum but denies any chest pain, shortness of breath. He does complain of mild left lower quadrant pain. He also spiked a fever overnight and was given Tylenol.

(KUMAR, NITISH MD)

Past Medical History

Medical History

Medical History:

- (1) Alcohol withdrawal delirium
- (2) HIV (human immunodeficiency virus infection)
- (3) Toxic encephalopathy
- (4) Suicidal overdose
- (5) Pleural effusion
- (6) LFTs abnormal
- (7) Loculated pleural effusion
- (8) Alcohol withdrawal
- (9) Anxiety
- (10) Polysubstance abuse
- (11) Antisocial personality disorder in adult
- (12) Empyema
- (13) Drug overdose
- (14) Drug abuse

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1024-0088
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Cardiology Consultation**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

(15) Acute respiratory failure with hypoxia and hypercapnia
(16) On mechanically assisted ventilation
(17) AKI (acute kidney injury)
(18) Lactic acidosis
(19) Rhabdomyolysis
(20) Aspiration pneumonia
(21) Suicide and self-inflicted poisoning by drugs and medicinal substances
(22) Bacteremia
(23) Nicotine dependence
(24) Hyponatremia
(25) Oral thrush
(26) Urinary retention
(27) Delirium, acute
Cardiovascular History:
Surgical History:
Procedural History: (KUMAR,NITISH MD)

Allergies

Coded Allergies:

No Known Allergies (Unverified , 10/12/16)

Family History

Patient History:

Diabetes mellitus

MOTHER, Onset:Unknown

UNCLE, Onset:Unknown

AUNT, Onset:Unknown

Glaucoma

Hypertension

UNCLE, Onset:Unknown

AUNT, Onset:Unknown (KUMAR,NITISH MD)

Patient History:

Diabetes mellitus

MOTHER, Onset:Unknown

UNCLE, Onset:Unknown

AUNT, Onset:Unknown

Glaucoma

Hypertension

UNCLE, Onset:Unknown

AUNT, Onset:Unknown (MENETREY,JAMMIE E DO)

Social History

Smoking Status: Never Smoker

Recreational Drug Use: Cocaine, Marijuana
(KUMAR,NITISH MD)

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1024-0088

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Cardiology Consultation

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Review of Systems

Constitutional: : Fever Denies: Appetite Loss, Chills, General Weakness, Lightheadedness**Head and Neck:** Denies: Headache**Eyes:** Denies: Photophobia, Red Eye**Ears, Nose, Mouth, Throat:** Denies: Hoarseness, Postnasal Drainage**Neurological:** Denies: Incoordination, Memory Problems, Numbness, Tingling**Cardiology:** Denies: Claudication, Exercise Intolerance, Exertional Dyspnea, Lightheadedness, Palpitations**Respiratory:** : Breathing Improved: Cough: Sputum Production Denies: Incisional Pain, Orthopnea, Pleuritic Pain, SOB, SOB with Exertion, Wheezing**Gastrointestinal:** : Poor Appetite: Poor Fluid Intake Denies: Bloody Stools, Melena, Nausea, Reflux, Vomiting**Genitourinary:** : Voiding Freely Denies: Urinary Frequency, Urinary Urgency**Musculoskeletal:** Denies: Back Pain, Muscle Weakness**Integumentary:** : Dryness (KUMAR, NITISH MD)

Physical Exam

Vital Signs 24 Hours

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/24/16 07:00		111	24	123/75	100	Nasal Cannula	2.00	
10/24/16 06:00		111	28	120/70	99	Nasal Cannula	2.00	
10/24/16 05:00		109	25	132/73	100	Nasal Cannula	2.00	
10/24/16 04:00						Nasal Cannula	2.00	
10/24/16 04:00	37.6	109	27	117/66	98	Nasal Cannula	2.00	
10/24/16 03:00	37.8	119	32	127/64	98	Nasal Cannula	2.00	
10/24/16 02:00	38.1	130	38	145/69	97	Nasal Cannula	2.00	
10/24/16 01:00		114	32	120/62	100	Nasal Cannula	2.00	
10/24/16 00:00	37.1	113	30	118/62	100	Nasal Cannula	2.00	
10/24/16 00:00						Nasal Cannula	2.00	
10/23/16 23:00		111	33	132/62	98	Nasal Cannula	2.00	
10/23/16 22:00		116	33	138/79	100	Nasal Cannula	2.00	
10/23/16 21:00		112	32	132/72	98	Nasal Cannula	2.00	
10/23/16 20:00	36.9	121	30	141/60	99	Nasal Cannula	2.00	
10/23/16 20:00					98	Nasal Cannula	2.00	
10/23/16 20:00						Nasal Cannula	2.00	
10/23/16 19:00		113	33	137/77	99	Nasal Cannula	2.00	
10/23/16 18:00	37.1	111	26	127/65	99	Nasal Cannula	2.00	
10/23/16 17:00		111	38	125/76	99	Nasal Cannula	2.00	
10/23/16 16:00						Nasal Cannula	2.00	
10/23/16 16:00		115	37	120/67	99	Nasal Cannula	2.00	
10/23/16 15:00	38.1	118	37	132/70	99	Nasal Cannula	2.00	
10/23/16 14:00		123	41	131/73	99	Nasal Cannula	2.00	
10/23/16 13:00	38.2	121	31	141/65	100	Nasal Cannula	2.00	
10/23/16 12:00		112	28	111/61	100	Nasal Cannula	2.00	
10/23/16 12:00						Nasal Cannula	2.00	
10/23/16 11:00		114	30	112/56	99	Nasal Cannula	2.00	
10/23/16 10:00		121	30	116/63	98	Nasal Cannula	2.00	

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1024-0088

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Cardiology Consultation**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

10/23/16 09:03						Nasal Cannula	2.00	
10/23/16 09:00		127	41	117/69	99	Nasal Cannula	2.00	

(KUMAR, NITISH MD)**Weight in Kg**

93.00

Bedside Blood Glucose**10/24/16 04:34:** POC Glucose 83**(KUMAR, NITISH MD)****Physical Exam**

General: no apparent distress, appears stated age

HEENT: PERRLA, EOMI, No conjunctival injection

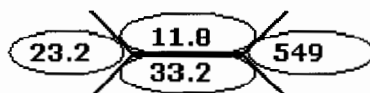
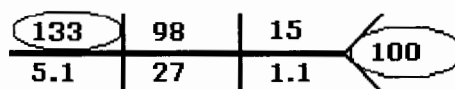
Thorax: Decreased breath sounds R>L, No wheezing, Some crackles at the right lower base

Cardiovascular: S1S2, Tachycardia, Rhythm regular, Mild systolic murmur at the LUSB?

Abdomen: Soft, non tender, bowel sounds noted, Mild TTP in LLQ

Musculoskeletal: no gross deformities

Neurologic: alert/awake/oriented, grossly no abnormalities

(KUMAR, NITISH MD)**Results****Lab Results, CBC Diagram****10/24/16 04:50****Lab Results, BMP Diagram****10/24/16 04:50****Diagnostics Reviewed:** Yes**(KUMAR, NITISH MD)****Impression and Plan****Problem List:**

- (1) Fever
- (2) Tachycardia
- (3) Aspiration pneumonia
- (4) Delirium, acute
- (5) Empyema
- (6) Suicidal overdose
- (7) Polysubstance abuse

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1024-0088

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Cardiology Consultation

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

(8) HIV (human immunodeficiency virus infection)**(9) Antisocial personality disorder in adult****Chronic Problems:****Additional Comments**

- Admitted to the ICU for acute hypoxemic and hypercapnic respiratory failure on 10/7/16. Prolonged and complicated ICU course. Multiple attempts at failed extubation. Successfully extubated on 10/16
- Currently being treated for Aspiration PNA + Empyema noted on CT Chest
- Initial blood culture positive for Strep Mitis/Oralis. Repeat blood cultures from 3 days ago - > Negative
- Respiratory culture[10/19]: Enterobacter and Strep group C
- Respiratory culture[10/21]: Normal flora
- Antibiotic regimen: Cefepime, Flagyl, Metronidazole
- TTE[10/23]: showed normal LVEF, No valvular vegetation

- As per DUKE's criteria:

- o **Patient meets 1/2 major criteria - Initial blood culture positive for strep mitis/oralis, most recent negative. No blood cultures drawn within the last 12 hours that are positive. Strep mitis/oralis is Group A Streptococci, optochin resistant. TTE x 2 negative for any vegetations, normal LVEF.**
- o **Patient meets 2 Minor criteria: IVDU, Fever. No evidence of Osler nodes, Janeway lesions on physical examination- > Low clinical suspicion for IE as the cause of fever, tachycardia but reasonable to rule it out in view of some risk factors being present**
- o **Fever, Tachycardia most like multifactorial - pain, infection etc. Suspect Empyema as a possible culprit**

- Plan: Will coordinate TEE today with Anesthesia and Surgery

(KUMAR, NITISH MD)**Additional Comments**

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

I the pleasure of seeing Olutokunbo Efunnuga in initial cardiac consultation. He's a 37-year-old male with a history of polysubstance abuse, HIV and depression who presented to the emergency department just over 2 weeks ago after being found down and unresponsive. His subsequently found to have a urine drug screen that was positive for multiple substances in addition to aspiration pneumonia, ARDS and strep bacteremia. He suddenly developed a loculated right-sided pleural effusion that was not able to be resolved with thoracentesis. He continues to have fevers despite clearing of his blood cultures. Cardiology is consulted to consider TEE to rule out infectious endocarditis. Currently he is denying any pain or discomfort. He denies shortness of breath, palpitations and abdominal pain.

Diaphoretic, MMM

No carotid bruits or JVD

Decreased breath sounds in the bases bilaterally, worse on the right than the left

Tachycardic but regular rhythm, S1 and S2 preserved, 1/6 systolic murmur left sternal border, no rub or gallop

Brachial pulses are full in volume and normal in contour bilaterally

Abdominal aorta is not pulsatile or enlarged

No lower extremity edema

Normoactive bowel sounds, soft, nontender

Cranial nerves II through XII and sensation are grossly intact

Integumentary is warm and well-perfused, no diaphoresis or rash

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1024-0088

REPORT STATUS: Signed

Page 6 of 6

**Mercy Fitzgerald Hospital
Cardiology Consultation**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

ECG on 10/20/16, reviewed by me: Sinus tachycardia, LVH, RV conduction delay

10/21/16 echocardiogram: Normal biventricular systolic function. No significant valvular abnormalities. Elevated PASP.

Strep bacteremia: Repeat blood cultures are negative however there is concern for endocarditis given the strep species and recurrent fevers in this patient who has polysubstance abuse. Transthoracic echocardiography x2 has not demonstrated any infectious endocarditis. Plan for TEE today in coordination with anesthesia and surgery as the patient scheduled for VATS.

Tachycardia: This is likely physiologic in that he is intermittently febrile and with episodes of delirium and likely and withdrawal.

Thank you for allowing me to participate in the care of this patient. If you have any questions or concerns please feel free to contact me or anyone from the Mercy cardiology team.

(MENETREY,JAMMIE E DO)

KUMAR,NITISH MD
MENETREY,JAMMIE E DO

Oct 24, 2016 07:52
Oct 24, 2016 08:24

<Electronically signed by NITISH KUMAR, MD> 10/24/16 0911

<Electronically signed by JAMMIE E MENETREY, DO> 10/24/16 0925

KUMANI01 / NK / DD 10/24/16 0752 / DT 10/24/16 0752

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1024-0088
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Pulmonology Consultation**

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1025-0266
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

HPI

Encounter Date & Time

10/25/16 12:43

Service: Pulmonology

Chief Complaint

Admitted with change in mental status, reportedly suicide attempt

History of Present Illness

37-year-old male, admitted on the seventh with change in mental status. Found with cocaine and marijuana in his pocket. Reportedly apneic but with the pulse. Intubated in the emergency room. Suspected suicidal attempt, sister found a note saying he wanted to be cremated. Treated for pneumonia, empyema, now status post VATS. Just extubated this morning. Patient complains of pain at surgical site. History of asthma.

Primary Care Provider

Doctor,None (FAMILY)

Attending Physician

Littman,Mario,MD

Past Medical History

Medications

Active Meds Reviewed: Yes

Allergies

Allergies:

Coded Allergies:

No Known Allergies (Unverified , 10/12/16)

Medical History

Medical History:

(1) Anxiety

(2) Polysubstance abuse

(3) Antisocial personality disorder in adult

(4) HIV (human immunodeficiency virus infection)

History of Cancer:

Surgical History:

Procedural History:

Past Medical History: Reviewed Problem List

Past Surgical History: Reviewed Problem List

Family History

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1025-0266
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Pulmonology Consultation

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Patient History:**Diabetes mellitus****MOTHER, Onset:Unknown****UNCLE, Onset:Unknown****AUNT, Onset:Unknown****Glaucoma****Hypertension****UNCLE, Onset:Unknown****AUNT, Onset:Unknown****Social History****Recreational Drug Use:** Cocaine, Marijuana**Review of Systems****Unable to Obtain:** just extubated, and in pain, not very communicative**Physical Exam****Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/25/16 12:00	36.8	121	30	121/67	98	Nasal Cannula	4.00	
10/25/16 11:00								40

Weight in Kg

80.00

Bedside Blood Glucose**10/25/16 10:55:** POC Glucose 90**Physical Exam (Structured)****General Appearance:** : No Acute Distress**Eye Exam:** : EOMI: PERRL**HENT Comments**

No pallor or icterus

Neck: : Supple**Jugular Venous Distention:** Absent**Lymphadenopathy Comments**

No palpable cervical adenopathy

Respiratory Effort: : Normal**Lung Sounds:** : CTA Bilateral (with decreased breath sounds particularly on the right side, right-sided chest tube, serosanguineous drainage)**Cardiac Rhythm:** Regular**Heart Sounds:** : Normal**Lower Extremity Edema:** Bilateral: None**Abdomen:** : Non-tender: Soft**Neurological Comments**

No focal weakness

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

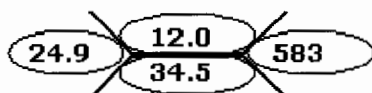
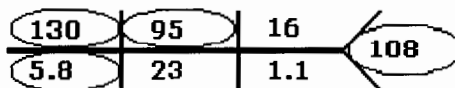
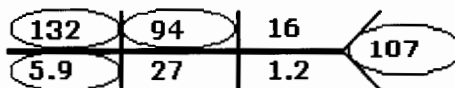
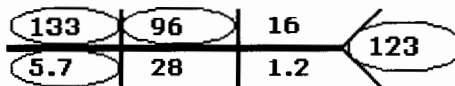
REPORT #: 1025-0266

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Pulmonology Consultation

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Affect: : Flat**Results****Lab Results, CBC Diagram****10/25/16 05:55****Lab Results, BMP Diagram****10/24/16 17:30****10/25/16 05:55****10/25/16 08:29****Lab Results****Arterial Blood Gas****10/7/16 17:00:**

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO₂ 47.1, Venous Blood pCO₂ (Temp Corrected) 47.1, Venous Blood Partial Pressure O₂ 91.1, Venous Blood pO₂ (Temp Corrected) 91.1, Venous Blood HCO₃ 31.3, Venous Bld O₂ Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15: Allen Test Pos**10/24/16 17:00:**

Arterial Blood pH 7.41, Arterial Blood pH (Temp corrected) 7.41, Arterial Blood Partial Pressure CO₂ 40.6, Arterial Blood pCO₂ (Temp correct) 40.6, Arterial Blood Partial Pressure O₂ 104, Arterial Blood pO₂ (Temp corrected) 104, Arterial Blood HCO₃ 25.4, Arterial Bld O₂ Saturation (Measur) 97.8, Arterial Blood Base Excess 0.7, Arterial Blood Hematocrit 38.6, Arterial Blood Sodium 127, Arterial Blood Potassium 8.6, Chloride (Blood Gas) 100, Ionized Calcium (Measured) (Bld Gas) 1.07, Lactate (Blood Gas) 1.0, Blood Gas Temperature 98.6, Oxygen Delivery Device 0.na, Blood Gas Ventilator Setting 16, FiO₂ 50.0, Blood Gas Tidal Volume 450, Blood Gas PEEP 5.0
Strep mitis on blood cultures, sputum cultures positive for staph aureus, and latest with Enterobacter

Imaging

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1025-0266

REPORT STATUS: Signed

Page 4 of 4

**Mercy Fitzgerald Hospital
Pulmonology Consultation**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Chest x-ray reviewed-Right-sided chest tube, bilateral pleural effusions, improved consolidation right upper lobe

Impression and Plan

Problem List:

- (1) Aspiration pneumonia
- (2) Bacteremia
- (3) Empyema
- (4) S/P thoracotomy
- (5) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: Now extubated

- (6) Suicidal overdose
- (7) Polysubstance abuse
- (8) Antisocial personality disorder in adult
- (9) HIV (human immunodeficiency virus infection)

Chronic Problems:

Plan

IV antibiotics, follow temp. Analgesia, and senna spirometry. Out of bed as tolerated. Discussed with Dr. Valentino

Condition: Guarded

PILLAI,AJAY R, MD

Oct 25, 2016 12:49

<Electronically signed by AJAY R PILLAI, MD> 10/25/16 1252

PILLAJ / ARP / DD 10/25/16 1249 / DT 10/25/16 1249

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1025-0266

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Consultation**

Patient: EFUNNUGA, OLUTOKUNBO
DOB: 03/06/1979 **Sex:** M
Room/Bed: 411-02

MR # F001250247
Acct # FA1307223089

***** Signed Status *****

DATE OF CONSULTATION: 10/28/2016

HISTORY OF PRESENT ILLNESS:

The patient is a 37-year-old gentleman with underlying HIV who has been found unconscious by his sister and was admitted on 10/07/2016. The patient apparently reportedly has attempted suicide. He has a remote history of vocal cord paralysis. He has been intubated while in the hospital. He has known vocal cord paralysis that he indicates has been evaluated many times. Denies any changes in his symptoms. He denies any shortness of breath or stridor. I have spoken with the internal service who indicates the same. The patient has not had any stridor. ENT is consulted to look at the vocal cords. The patient's imaging CT of the head and current history is reviewed in the chart. There is a past history of HIV with no history of smoking, but admits for marijuana and alcohol use on a daily basis. The patient at the moment, blood results are reviewed.

CURRENT MEDICATIONS:
Reviewed.

HOME MEDICATIONS:
Are also reviewed.

PHYSICAL EXAMINATION:

GENERAL: At the moment, the patient is lying on the bed without distress. He is changed to the bed because of his suicidal attempts and guarded by security here in the hospital. I have examined the patient with the medical officer.

NECK: Without adenopathy.

HEENT: Oral and oropharyngeal shows thrush formation that is improving with the treatments. Nasal cavities shows pale turbinates. Nasopharyngolaryngoscopy is attempted, but patient is uncomfortable. He has no evidence of stridor. His nasal cavities are decongested and repeat nasopharyngolaryngoscopy shows right vocal cord paralysis, but left cord is moving adequately and feeling well, no lesion is noted. No masses are appreciated. Remaining head and neck exam is normal.

Given the fact that patient has improved eating today. Apparently, he had feeding tube that has been discontinued and today, he has done better with eating without symptoms of aspiration and given also the fact that patient's vocal cord paralysis is chronic and he does not have any stridor. His vocal cord workup can be followup as an outpatient. At the moment, aspiration precautions with diet modification and speech therapy to improve the quality of the vocal cords are essential. I have relayed this to the primary service and if the patient ever developed shortness of breath or stridor, airway needs to be established regularly and the patient should be prepared for tracheostomy if such a negative progression occurs in his health over the next few days.

DICTATED BY: Mahmoud Ghaderi, DO

Job #: 318986 **Doc #:** 687807

<Electronically signed by MAHMOUD GHADERI, DO> at 10/31/16 1321

CC:
REPORT #: 1028-0337
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Consultation**

Patient: EFUNNUGA, OLUTOKUNBO

MR # F001250247

GHADERI, MAHMOUD DO

GHADMA / NE / DD 10/28/16 1609 / DT 10/28/16 1632

CC:
REPORT #: 1028-0337
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Discharge Summary**

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1101-0331
ROOM/BED: 411-02
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Discharge Summary

Admission Date

Oct 7, 2016 at 08:13

Discharge Date

Discharge Disposition

Attending Physician

Littman,Mario,MD

Primary Care Physician

Doctor,None (FAMILY)

Primary Diagnosis:

(1) Acute respiratory failure with hypoxia and hypercapnia

Secondary Diagnoses:

(1) Abscess of lung with pneumonia

(2) Alcohol withdrawal delirium

(3) Suicidal overdose

(4) Loculated pleural effusion

(5) Empyema

(6) Suicide and self-inflicted poisoning by drugs and medicinal substances

(7) Bacteremia

(8) Severe sepsis

(9) Nicotine dependence

(10) Hyponatremia

(11) Oral thrush

(12) Urinary retention

(13) Acute liver failure

(14) HIV (human immunodeficiency virus infection)

(15) Drug overdose

(16) Rhabdomyolysis

(17) Lactic acidosis

Allergies:

Coded Allergies:

No Known Allergies (Unverified , 10/12/16)

New Medications:

Cephalexin (Cephalexin) 500 Mg Capsule

500 MG PO Q8H Days 14 CAPSULE

Clotrimazole (Clotrimazole) 10 MI Solution

1 APPLIC TP 5XD Days 30 SOLUTION

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1101-0331
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Discharge Summary

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Latanoprost (Latanoprost) 2.5 MI Drops
 1 DROP EYE BOTH EVERY EVENING Days 30
metronIDAZOLE (Flagyl) 500 Mg Tablet
 500 MG PO BID Days 7 TABLET
Clotrimazole (Clotrimazole) 10 Mg Troche
 10 MG MM 5XD Days 28
Folic Acid (Folic Acid) 1 Mg Tablet
 1 MG PO DAILY Days 30 TABLET
Latanoprost (Latanoprost) 2.5 MI Drops
 1 DROP EYE BOTH EVERY EVENING 2.5 ML Days 28 DROPS
Metoprolol Tartrate (Metoprolol Tartrate) 25 Mg Tablet
 6.25 MG PO Q12 Days 30 TABLET
Multivitamin, Therapeutic (Thera) 1 Tab Tablet
 1 TAB PO DAILY Days 30 TABLET
risperiDONE (risperiDONE) 2 Mg Tablet
 2 MG PO BID Days 30 TABLET
Thiamine HCl (Vitamin B-1) 100 Mg Tablet
 100 MG PO DAILY Days 30 TABLET
traMADol HCl (traMADol HCl) 50 Mg Tablet
 50 MG PO Q4H PRN SEVERE PAIN Days 20 TABLET

Discontinued Medications:

Latanoprost (Xalatan) 2.5 MI Drops
 1 DROP EYE BOTH EVERY EVENING 2.5 ML DROPS

Hospital Course

37 male history of glaucoma brought in to hospital unconscious by his sister. Patient was found with cocaine and marijuana in his pocket. He was apparently found to be overdosed on TCA. He was admitted to the ICU and intubated for respiratory failure. Blood cultures grew staphylococcus and he was started on IV antibiotics, including vancomycin. He received a lumbar puncture which was negative. He received an echocardiogram which showed ejection fraction of 45-50%. He was found to have CD4 count of 248, and known HIV. Patient was found to have a right sided pneumonia likely secondary to aspiration. His antibiotics were adjusted. He was treated for alcohol withdrawal as well. He was found to be in acute liver failure. Patient was 302'ed as he was suicidal. Transesophageal echocardiogram completed did not show any vegetations. Due to his right sided empyema, he underwent a VATs procedure for decortication. He tolerated the procedure, and was extubated and transferred to telemetry floors. His cultures grew back and his antibiotics were transitioned to oral antibiotics. He is to complete a 14 day course of cephalexin and 7 day course of flagyl. We have advised him to follow up with the surgical team as an outpatient. He should also follow up in the HIV clinic for HAART treatment as an outpatient. His diet that he tolerated was mechanical soft. He was evaluated by psychiatry again and his 302 was lifted. After discussing with infectious disease from Delaware County Memorial Hospital, patient is to resume Triumeq (dolutegravir, abacavir lamivudine).

Follow up Referrals:

Cardiovasc Surg Ref - In 28 Days with Shariff, Haji M Md

Infectious Dis Ref - In 21 Days

Internal Medic Ref - In 14 Days

Time Spent with Patient: Greater Than 30 Minutes

Condition on Discharge: Fair

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1101-0331

REPORT STATUS: Signed

Page 3 of 3

**Mercy Fitzgerald Hospital
Discharge Summary**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

SHETH,VISHAD M MD

Nov 1, 2016 15:10

<Electronically signed by VISHAD M SHETH, MD> 11/01/16 1526

<Electronically signed by SAMMY HAMID, MD> 11/02/16 0428

SHETVI / VS / DD 11/01/16 1510 / DT 11/01/16 1510

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1101-0331
REPORT STATUS: Signed

Mercy Fitzgerald Hospital History & Physical

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1007-0125
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

History of Present Illness

Encounter Date & Time

10/7/16 09:01

Service: Internal Medicine

Primary Care Physician

Doctor, None (FAMILY)

Attending Physician

Hamid Sammy MD

Accompanied By: Family Member

Source: Family, ED Physician

History Limitation: Clinical Condition

Chief Complaint

Unconsciousness

HPI

37 yo M with PMH of HIV and glaucoma was brought in by the EMS after finding unconscious by his sister. EMS found cocaine and marijuana in his pocket. Patient was not breathing but had a pulse per the EMS. Patient did not have cough or gag reflex per the ED. Patient received 1 amp of Narcan without any response. He was intubated in the ED. Initial Accu-Chek in the field was within normal limits. His sister found a note saying "I want cremation please". No psych history per the sister. Patient's sister saw him well the last time around 7 PM last night. No psychological stressors per the sister. Patient's CT head and chest x-ray prelim report within normal limits. UDS positive for TCA, cocaine and marijuana. VBG showed lactate of 3.5. Patient is being transferred to ICU for further management.

Fri Oct 07, 2016 14:27

Drug Name	Dose Ordered	Route	Status	Time
etomidate	20 MG	IV Push	Given	07:24 10/7/2016
Normal Saline	1000 ML	IV Fluids	Given	07:23 10/7/2016
succinylcholine chloride injection	120 MG	IV Push	Given	07:17 10/7/2016

Review of Systems

Unable to Obtain: Clinical Condition

Past Medical History

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1007-0125
REPORT STATUS: Signed

Mercy Fitzgerald Hospital History & Physical

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Medications**Home Meds Reviewed:** No**Active Meds Reviewed:** Yes**Medication Comments****Medications Active List**

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Heparin Sodium (Porcine) 5000 units	5,000 units	Q8	10/7/16 13:00		10/7/16 13:54
Propofol	100 ml @ 0 mls/hr	Q0M PRN	10/7/16 08:30		
Fentanyl Citrate 50 mcg	50 mcg	Q2H PRN	10/7/16 08:30		
Thiamine HCl/ Folic Acid/Sodium Chloride	101.2 ml @ 100 mls/hr	DAILY	10/7/16 10:30		10/7/16 11:19

Allergies**Coded Allergies:**

Unable to Assess (Unverified , 10/7/16)

Medical History**Medical History:**

(1) HIV (human immunodeficiency virus infection)

History of Cancer:**Surgical History:****Procedural History:****Past Medical History:** Reviewed and Updated Problem List**Social History****Smoking Status:** Never Smoker**Alcohol Use:** Daily (unknown but the amount)**Recreational Drug Use:** Marijuana**Physical Exam**

VITAL SIGNS Fri Oct 07, 2016 07:17 Tierney, RN, Dawn

Temp: 95.0 (Rectal), Time: 10/7/2016 07:17.

Pain: 0 (No Complaint of Pain), Time: 10/7/2016 07:28.

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1007-0125

REPORT STATUS: Signed

Mercy Fitzgerald Hospital History & Physical

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

BP: 139/94, Pulse: -120-, Resp: -20-, O2 sat: -100- on Ventilator, Time: 10/7/2016 07:44.

BP: 146/98, Pulse: -120-, Resp: -15-, O2 sat: -100-, Time: 10/7/2016 07:39.

BP: 149/96, Pulse: -120-, O2 sat: -100- on Ventilator, Time: 10/7/2016 07:37.

BP: 144/97, Pulse: -119-, Resp: -20-, O2 sat: -100- on Ventilator, Time: 10/7/2016 07:46.

BP: 113/79, Pulse: -116-, Resp: -18-, O2 sat: -100- on Ventilator, Time: 10/7/2016 08:59.

BP: 142/91, Pulse: -119-, Resp: -20-, O2 sat: -100- on Ventilator, Time: 10/7/2016 07:51.

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/7/16 07:20			18					100

Weight in Kg

Bedside Blood Glucose

10/7/16 07:07: POC Glucose 109

Physical Exam

GENERAL: Intubated and sedated

EYES: Pupils equal and minimally reactive to light, sclera anicteric

EARS, NOSE & THROAT: Normal external appearance. Nares patent bilaterally. Oropharynx with moist, pink mucous membranes and no lesions.

CARDIOVASCULAR: No jugular venous distention. Regular rate and rhythm without significant murmur. No carotid bruits. No significant peripheral edema.

RESPIRATORY: Normal appearance and effort. Clear to auscultation bilaterally without focal areas of wheezing, rales or rhonchi.

GASTROINTESTINAL: Normal appearance. Soft, nontender with normal bowel sounds. No masses felt. No organomegaly detected.

MUSCULOSKELETAL: No gross deformities noted in the major joints of the upper and lower extremities bilaterally. Normal bulk and tone of the musculature.

SKIN: No rashes, eruptions or skin breakdown noted. Warm and dry. No track marks.

NEUROLOGIC: Intubated and sedated. RASS -3/-4.

LYMPHATICS: No abnormal lumps or swelling noted. No lymphedema.

Results

Lab Results, CBC Diagram

10/7/16 07:32

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1007-0125

REPORT STATUS: Signed

Mercy Fitzgerald Hospital History & Physical

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

7.6	16.3	184
46.7		

Lab Results, BMP Diagram

10/7/16 07:32

136	98	14	109
3.8	24	1.8	

Diagnostics Reviewed: Yes

Imaging

CR Chest PORTABLE

IMPRESSION: Endotracheal tube in satisfactory position. No pneumonia.

CT Brain WO

IMPRESSION: 1. No intracranial hemorrhage or acute infarct.

Plan**Assessment****Problem List:**

- (1) Acute respiratory failure with hypercapnia
- (2) Drug overdose
- (3) Lactic acidosis
- (4) AKI (acute kidney injury)

Chronic Problems:**Management Plan****Plan****Neuro**

- Intubated and sedated. Continue propofol for RASS goal of -1/-2.
- CT head within normal limits.
- History of alcohol abuse. We will continue banana bag.

Cardio

- Sinus tachycardia on EKG, HR in 110s. Most likely secondary to TCA.
- Sodium bicarbonate 2 amps given for cardiac toxicity. Will monitor EKGs every 8.

Pulmonology

- Acute respiratory distress with hypercapnia most likely secondary to suicidal drug overdose.
- Intubated, on AC 18/400/40/5.

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1007-0125

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
History & Physical**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

-
- Elevated lactate most likely secondary to respiratory distress.
 - Monitor ABG tomorrow a.m.

GI

- We will keep nothing by mouth for today.
- We'll start GI prophylaxis from tomorrow, 24 hours after intubation.

GU

- Elevated creatinine 1.8. Baseline unknown.
- We'll send urine sodium and creatinine. Calculate FeNa.

Endo

- No history of diabetes. Keep blood glucose in 120-180 range.

ID

- Elevated lactate not secondary to sepsis, most likely secondary to respiratory distress.
- Lactate trending down. We will follow the VBG every 6 hour until normalizes.
- History of HIV. We will send CD4 count and viral load. Family to bring in the medication list, can restart home medications.

FEN

- Mildly high CPK, most likely secondary to cocaine.
- Monitor electrolytes.
- We will keep nothing by mouth for now.

Social

- Full code.
- Not married, has 2 kids, age 13 and 3.
- NOK- Tosin Efunnuga 267-918-4065

Additional Comments

Unable to obtain medication list. Sister to bring in medications. We will follow up.

BORIKAR,MADHURA S MD

Oct 7, 2016 09:01

<Electronically signed by MADHURA S BORIKAR, MD> 10/07/16 1508

<Electronically signed by SAMMY HAMID, MD> 10/07/16 1735

BORIMA / MB / DD 10/07/16 0901 / DT 10/07/16 0901

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1007-0125

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
History & Physical**

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1008-0026
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

History of Present Illness

Encounter Date & Time

10/8/16 07:12

Primary Care Physician

Doctor,None (FAMILY)

Attending Physician

Littman,Mario,MD

HPI

The patient is a 37-year-old male with a history of HIV who was brought in by EMS after being found down. Apparently he was found unresponsive with cocaine and marijuana on his person. He was not breathing but did have a pulse according to EMS. He was intubated and brought into the emergency department and subsequent admitted to the ICU for further management. He was found to have a suicide note that stated he wanted cremation. Full chart reviewed

Review of Systems

Unable to Obtain: Clinical Condition

Past Medical History

Medications

Home Meds Reviewed: Yes

Active Meds Reviewed: Yes

Allergies

Coded Allergies:

Unable to Assess (Unverified , 10/7/16)

Medical History

Medical History:

(1) HIV (human immunodeficiency virus infection)

History of Cancer:

Surgical History:

Procedural History:

Family History

Diabetes mellitus

MOTHER, Onset:Unknown

UNCLE, Onset:Unknown

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1008-0026
REPORT STATUS: Signed

Mercy Fitzgerald Hospital History & Physical

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

AUNT, Onset: Unknown
Glaucoma
Hypertension
UNCLE, Onset: Unknown
AUNT, Onset: Unknown

Social History

Smoking Status: Never Smoker
Alcohol Use: Daily
Recreational Drug Use: Cocaine, Marijuana

Physical Exam

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/8/16 06:30		89	22	129/68	100	Ventilator		30
10/8/16 06:00	36.6							

Weight in Kg

84.50

Bedside Blood Glucose

10/7/16 08:16: POC Glucose 82

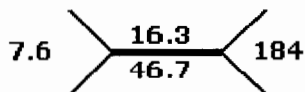
Physical Exam

General: On mechanical ventilation
 Thorax: clear to auscultation bilaterally, equal expansion
 Cardiovascular: no jugular venous distension, no murmurs,
 Abdomen: soft, non-tender, non-distended, bowel sounds noted
 Extremities: no cyanosis, pulses 2+ bilaterally
 Neurologic: Unable to assess

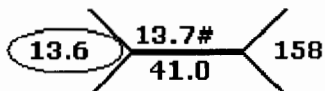
Results

Lab Results, CBC Diagram

10/7/16 07:32



10/8/16 05:10



Lab Results, BMP Diagram

10/7/16 07:32

PATIENT: EFUNNUGA, OLUTOKUNBO
 CC:
 REPORT #: 1008-0026
 REPORT STATUS: Signed

Page 3 of 3

Mercy Fitzgerald Hospital History & Physical

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

136	98	14	109
3.8	24	1.8	

10/8/16 05:10

138	102	14	107
4.1	27	1.3	

Plan**Assessment****Problem List:****(1) Drug overdose**

Assessment & Plan: Plan to admit, manage the ICU aggressively, full ventilator support and close monitoring for neurologic recovery

(2) Acute respiratory failure with hypoxia and hypercapnia

Assessment & Plan: Continue full ventilator support

(3) AKI (acute kidney injury)

Assessment & Plan: Hydrate and trend labs

(4) Lactic acidosis

Assessment & Plan: Improved with IV fluids

(5) HIV (human immunodeficiency virus infection)**Chronic Problems:**

HAMID, SAMMY, MD

Oct 8, 2016 07:15

<Electronically signed by SAMMY HAMID, MD> 10/09/16 0644

HAMISA / SH / DD 10/08/16 0715 / DT 10/08/16 0715

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1008-0026

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Operative Note

Patient: EFUNNUGA, OLUTOKUNBO
DOB: 03/06/1979 **Sex:** M
Room/Bed: 417-02

MR # F001250247
Acct # FA1307223089

*** Signed Status ***

DATE OF OPERATION: 10/24/2016

SURGEON:
Dr. Haji Shariff.

ASSISTANT:
Dr. Jeffrey Marcoe.

PREOPERATIVE DIAGNOSIS:
Multiple loculated pleural effusions with empyema.

POSTOPERATIVE DIAGNOSIS:
Multi loculated pleural effusions, empyema and pulmonary abscess.

PROCEDURE PERFORMED:
Mini thoracotomy, decortication, unroofing of pulmonary abscess, placement of two chest tubes, all performed on right side.

SPECIMEN REMOVED:
Cultures, empyema fluid, decorticated tissue.

FLUIDS:
1800 mL lactated Ringer.

COMPLICATIONS:
None.

DRAINS:
Two chest tubes placed, medial chest tube to the apex, lateral chest tube to the base.

INDICATIONS FOR PROCEDURE:
The patient is a 37-year-old gentleman who presented to the hospital after drug overdose for attempted suicide. The patient was intubated and cared for in the ICU. The patient was eventually extubated; however, he aspirated and acquired a pneumonia. The pneumonia failed to improve. CT scan showed multiple loculated pleural effusions. IR attempted to tap these and was only able to aspirate approximately 10-20 mL of fluid. The Thoracic Surgery team was then consulted for evaluation for thoracic surgery. The risks of the surgery were explained to the patient and the patient agreed to the risks and informed consent was obtained.

DESCRIPTION OF PROCEDURE:
The patient was brought down from the ICU and brought into the operating room to meet Dr. Shariff. Dr. Shariff confirmed that accurate informed consent was obtained, confirming the correct patient, correct site of the procedure and the correct procedure to be performed. The patient was placed in supine position and intubated with a dual lumen endotracheal tube. A TEE was performed by the Cardiology team that showed no evidence of endocarditis. The patient was then placed in the left lateral decubitus position. The patient was prepped and draped in the usual sterile fashion exposing the right thorax adequately. A timeout was performed by Dr. Shariff confirming the correct patient, the correct side, the correct site, the correct procedure, adequate informed consent was obtained and all who were in participation. A small 1 cm incision

CC: DOCTOR, NONE (FAMILY); SHARIFF, HAJI M MD
REPORT #: 1024-0401
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Operative Note****Patient:** EFUNNUGA, OLUTOKUNBO**MR #** F001250247

was made, dissected down to the pleural cavity. The patient was unable to tolerate deflation of the right lung. So this incision was extended and the decision to perform a mini thoracotomy was made. The posterior lateral mini thoracotomy incision using muscle sparing technique was performed to gain access into the chest cavity. Rib protractors were placed and lysis of adhesions was performed to break up the multiple loculations. Cultures were taken. A decortication was performed removing much decorticated tissue. This tissue was stripped off of the lung and a right pulmonary abscess was unroofed. After the right lung was mobilized and clearly examined, hemostasis was achieved and the thoracic cavity was washed out with copious amounts of normal saline and once with a little bit of Betadine. The lungs were inspected to confirm there were no large air leaks. Once this fluid was removed, an intercostal nerve block was performed using 0.5% Marcaine. The rib spaces were closed using 0 Vicryl. The muscular layer was closed using 2-0 Vicryl. The deep dermis was closed using a running 2-0 Vicryl suture and the skin was reapproximated using 4-0 Monocryl. The two chest tubes that were placed were placed on _____ and secured using 2-0 silk ties. Dermabond was used over the mini thoracotomy incision and 4 x 4s, Megaderm were applied as dressings for the chest tube. At the end of the procedure, all instrument and sponge counts were correct. Dr. Shariff was present for the case in its entirety. The patient tolerated the procedure well. The dual lumen endotracheal tube was switched over by anesthesia to a single lumen and the patient was taken to the Post-Anesthesia Care Unit, intubated and placed on mechanical ventilator.

DICTATED BY: Jeffrey Marcoe, MD for Haji Shariff, MD

Job #:310355 Doc #:679131

<Electronically signed by HAJI M SHARIFF, MD> at 10/28/16 1144

SHARIFF, HAJI M MD

SHARHAJ / NE / DD 10/24/16 1520 / DT 10/24/16 2006

**Mercy Fitzgerald Hospital
Procedural Note**

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1008-0271
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Critical Care Procedures

Encounter Date & Time

10/8/16 15:15

Procedure

Procedure(s): Lumbar Puncture

Time Out: Universal Precautions, Verified Patient ID, Site Verified

Procedure Performed By: LERMAN,GABRIEL S DO

Procedure Assisted By: No Assist

Informed Consent

Informed Consent was obtained for this procedure. I have explained the nature, purpose and benefits of the procedure. I have discussed the risks and benefit of the procedure including possible complications or adverse events with patient/family. Alternative(s) were discussed with the patient with their relative benefits and risks as well as the consequences of not accepting the procedure were included in obtaining consent

Reason for Procedure: Elective

Hands Washed: Yes

Lumbar Puncture

Indication: Aspiration of Fluid, Measure CSF Pressure

Findings:

Opening Pressure (mm H2O): 23

Fluid Color: Clear

Complications: None

Post Procedure

Specimens Obtained: Sent to Cytology, Sent to Laboratory, Sent to Pathology

Procedure Tolerated: Well

Post Procedure Diagnosis:

(1) Toxic encephalopathy

(2) HIV (human immunodeficiency virus infection)

Course: Unchanged

LERMAN,GABRIEL S DO

Oct 8, 2016 15:17

<Electronically signed by GABRIEL S LERMAN, DO> 10/08/16 1517

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1008-0271
REPORT STATUS: Signed

Page 2 of 2

**Mercy Fitzgerald Hospital
Procedural Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

LERMGA / GSL / DD 10/08/16 1517 / DT 10/08/16 1517

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1008-0271
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Procedural Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1010-0270
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

EEG Study

EEG Procedure: EEG
Encounter Date & Time
10/10/16 12:39

Indication for Study

AMS

Clinical History

This is a 37-year-old man with history of HIV infection and depression is confirmed by his sister. Per family he had been is in the usual state of health. There is a history of occasional marijuana use. But his sister is not aware of any cocaine use. When he was picked up by EMS apparently there was some evidence of drugs. Patient was given Narcan, which did not alter his sensorium. There is no eye witnessed account of any convulsions. He was unable intubated to protect his airway. Per sister no recent history of any acute illness. No recent reported headache or neck pain.

Medication List

Medications Active List

Heparin Sodium (Porcine) 5,000 units Q8 Last administered on 10/10/16 at 11:30; Start 10/7/16 at 13:00
Fentanyl Citrate 50 mcg 50 mcg Q2H PRN Last administered on 10/10/16 at 04:29; Start 10/7/16 at 08:30
Thiamine HCl/ Folic Acid/Sodium Chloride 101.2 ml @ 100 mls/hr DAILY Last administered on 10/10/16 at 08:27; Start 10/7/16 at 10:30
Acetaminophen 650 mg 650 mg Q6H PRN Last administered on 10/10/16 at 04:28; Start 10/8/16 at 20:45
Sodium Phosphate 250 ml @ 83.333 mls/hr Q3H Last administered on 10/10/16 at 09:48; Start 10/10/16 at 08:30; Stop 10/10/16 at 14:29
Lactated Ringer's 1,000 ml @ 200 mls/hr Q5H Last administered on 10/10/16 at 08:27; Start 10/10/16 at 08:30
Ceftriaxone Sodium 100 ml @ 100 mls/hr DAILY Last administered on 10/10/16 at 11:24; Start 10/10/16 at 10:30
Famotidine 40 mg BID; Start 10/10/16 at 21:00; Status UNV

Technical Description

Technical Description: : 18 Channel EEG Recording

Patient Condition

Patient State:

Level of Consciousness: Obtunded

Orientation: : Confused: Impaired Recent Memory

Dominant Hand: Right

EKG Rhythm Recording: NSR

Recording Description

EEG Recording :

Recording Phase: During Drowsiness

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1010-0270
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Procedural Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Occipital Rhythm: Present
Frequency: 8.5 Hz
Voltage: Low
Organization: Poor
Eye Opening/Closing Reactivity: Minimal
Drowsiness: Present - Abnormal
Sleep: Absent
Hyperventilation: Not Performed
Photic Stimulation: Not Done

Impression

Clinical Impression

Abnormal drowsy EEG due to the presence of diffuse mild slowing theta waves activity predominant consistent with toxic-metabolic encephalopathy as well as presence of fast beta activity in the frontal region anterior area consistent with anxiety and medication effects. No epileptiform activity or lateralization abnormality has been noticed. However the study is suboptimal due to movements artifacts. Clinical correlation is suggested.

Report Attestation

I have personally interpreted the test and prepared the report.

Note: see attached raw data and wave forms

HEDAYAT, TINA MD

Oct 10, 2016 12:45

<Electronically signed by TINA HEDAYAT, MD> 10/10/16 1537

HEDAT / TH / DD 10/10/16 1245 / DT 10/10/16 1245

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1010-0270
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1008-0022
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/8/16 06:10
(OLUBIYI, OLUTAYO I MD)

Subjective

Hospital LOS days: 2

ICU LOS: 2

Subjective

Patient seen and examined by the bedside. Clinical condition remained the same through the night with LOC. Lactate trended to normal level. EKG showed widening of QRS complex and HCO₃ was given to protect the myocardial membrane.

Sister claimed the whole family unanimously agreed that his tube feed be stopped, so we Dc'd the feed. She also expressed concerns about change in management plan without the family being carried along; said they were not informed when the immediate focus changed from LP and EEG for tub feeding. She was particularly concerned about risk of aspiration and mentioned the need for swallow test before starting feeds or option of TPN. I spent time to discuss the patient's current condition with her and to answer many of her questions. I also obtained informed consent for the LP after discussing with the patient's mother on phone who gave her consent and requested her daughter (the patient's sister) to sign the forms on her behalf. Dr. John Gooch was present as a witness to the consent.

(OLUBIYI, OLUTAYO I MD)

Review of Systems

Unable to Obtain: Altered Mental Status (Sedated and mechanically ventilated.)

(OLUBIYI, OLUTAYO I MD)

Objective

Active Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Heparin Sodium (Porcine)	5,000 units	Q8	10/7/16 13:00		10/8/16 05:47
Fentanyl Citrate 50 mcg	50 mcg	Q2H PRN	10/7/16 08:30		
Thiamine HCl 100 mg/Folic Acid 1 mg/Sodium Chloride	101.2 ml @ 100 mls/hr	DAILY	10/7/16 10:30		10/7/16 11:19

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1008-0022
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Lactated Ringer's	1,000 ml @ 175 mls/hr	Q5H43M	10/7/16 15:00		10/8/16 05:48
-------------------	--------------------------	--------	---------------	--	---------------

(OLUBIYI,OLUTAYO I MD)

Patient Data**Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/8/16 04:30		87	21	113/59	98	Ventilator		40
10/8/16 02:00	37.1							

Weight in Kg

84.50

Bedside Blood Glucose Last 24h

10/7/16 07:07: POC Glucose 109

10/7/16 08:16: POC Glucose 82

	10/8/16 06:59
Intake Total	2665 ml
Output Total	1770 ml
Balance	895 ml
Intake IV Total	1575 ml
Packed Cells	50 ml
Tube Irrigant	40 ml
Other	1000 ml
Output Urine Total	1270 ml
Gastric Drainage Total	500 ml

Sedation Score Target

-1 to 0

Sedation Score Actual

-5

(OLUBIYI,OLUTAYO I MD)

Ventilator Settings**Ventilator Settings:****Delivery Method:** OGT (10/07/2016)**Mode:** AC

(OLUBIYI,OLUTAYO I MD)

Physical Exam

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1008-0022

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

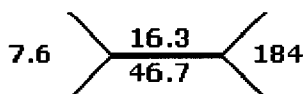
PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

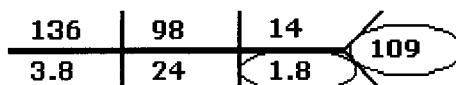
Appearance: : Appears Stated Age: No Acute Distress No: Alert
Head Exam: : Normocephalic: Symmetric
HEENT: : Moist Mucous Membranes: Sclera Anicteric
Thorax: : CTA Bilateral: No Accessory Muscle Use
Cardiovascular: : No JVD: Regular Rate Rhythm No: Gallop, Murmur, Rub
Abdomen: : Bowel Sounds Noted: Soft
Rectal Exam: : Deferred
Skin: : Skin Color Normal: Skin Temperature Normal: Skin Turgor Normal
Wound Present: No
Upper Extremity Appearance: : Normal
Lower Extremity Appearance: : Normal
Pulses: Distal Pulses 2+
Mental Status: Abnormal (AMS (GCS 3) and mechanically ventilated)
(OLUBIYI, OLUTAYO I MD)

Results**Results****Lab Results, CBC Diagram**

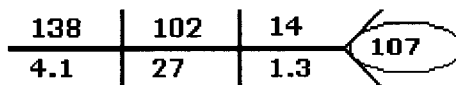
10/7/16 07:32

**Lab Results, BMP Diagram**

10/7/16 07:32



10/8/16 05:10

**PT/PTT/INR**

10/7/16 07:32:

Prothrombin Time 14.1, Prothromb Time International Ratio 1.2, Activated Partial Thromboplast Time 31.0
Arterial Blood Gas

10/7/16 08:25:

Arterial Blood pH 7.31, Arterial Blood pH (Temp corrected) 7.31, Arterial Blood Partial Pressure CO₂ 50.7, Arterial Blood pCO₂ (Temp correct) 50.7, Arterial Blood Partial Pressure O₂ 482, Arterial Blood pO₂ (Temp corrected) 482, Arterial Blood HCO₃ 25.4, Arterial Bld O₂ Saturation (Measur) 99.4, Arterial Blood Base Excess -1.3, Oxygen Delivery Device 1 na, Blood Gas Ventilator Setting 18, FiO₂ 100.0, Blood Gas Tidal Volume 400, Blood Gas PEEP

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1008-0022

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

5.0

10/7/16 17:00:

Arterial Blood Hematocrit 46.3, Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12, Lactate (Blood Gas) 1.1, Blood Gas Temperature 98.6

Venous Blood Gas, Last 24hrs

10/7/16 07:35:

Venous Blood Base Excess -1.8, Venous Blood HCO3 25.8, Venous Blood Partial Pressure CO2 57.2, Venous Blood Partial Pressure O2 68.1, Venous Blood pH 7.26

10/7/16 10:25:

Venous Blood Base Excess 1.3, Venous Blood HCO3 28.6, Venous Blood Partial Pressure CO2 59.2, Venous Blood Partial Pressure O2 43.5, Venous Blood pH 7.29

10/7/16 17:00:

Venous Blood Base Excess 6.2, Venous Blood HCO3 31.3, Venous Blood Partial Pressure CO2 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pH 7.43

Diagnostics Reviewed: Yes

(OLUBIYI,OLUTAYO I MD)

Quality

Discussed Care Plan with: Family

Code Status: Full Code

(OLUBIYI,OLUTAYO I MD)

Lines Tubes and Catheter: ETT (10/07/2016), Other (OGT (10/07/2016))

(OLUBIYI,OLUTAYO I MD)

VTE Prophylaxis Ordered: Yes

(OLUBIYI,OLUTAYO I MD)

Indwelling Foley Catheter: No

(OLUBIYI,OLUTAYO I MD)

Central Venous Catheter: No

(OLUBIYI,OLUTAYO I MD)

Non-Violent Restraints: Continued

(OLUBIYI,OLUTAYO I MD)

Impression and Plan

Assessment

Problem List:

(1) Acute respiratory failure with hypoxia and hypercapnia

(2) Toxic encephalopathy

(3) Respiratory failure

(4) On mechanically assisted ventilation

(5) Lactic acidosis

Impression and Plan: resolved

(6) AKI (acute kidney injury)

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1008-0022

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

(7) Rhabdomyolysis

(8) Drug overdose

Chronic Problems:

(1) HIV (human immunodeficiency virus infection)

(2) Drug abuse (OLUBIYI,OLUTAYO I MD)

Problem List:

(1) Acute respiratory failure with hypoxia and hypercapnia

(2) Toxic encephalopathy

(3) Respiratory failure

(4) On mechanically assisted ventilation

(5) Rhabdomyolysis

(6) Drug overdose

(7) Lactic acidosis

Impression and Plan: resolved

(8) AKI (acute kidney injury)

Impression and Plan: resolved

Chronic Problems: (LERMAN,GABRIEL S DO)

Management Plan

Plan

NEU:

-Patient remained obtunded with non change in mental status.

-EEG is still pending,order in but yet to be done.

-Awaiting neuro consult.

-Informed consent was LP obtained for LP; not performed overnight for lack of a certified personnel to perform it. This is needed to rule out infective causes given the patient's HIV status -will also consider MRI sooner than later.

-Will continue neurochecks Q6h and keep him off sedation until he wakes up.

-Once the patient wakes, we will get psych involved for the OD and possible SI.

CV:

-Slight widening of the QRS complex noted on Q6hly EKG patient was given bicarb gtt.

PULM:

-Patient is sating well on current ventilation setting.

-Blood gas this morning showed pH of 7.35, pCO2 48.6, pO2 148, lactate of 1.0

-consider increasing RR to 24, and reducing FiO2 to 20%

GI:

-No acute issues.

-will continue prophylaxis with pepcid.

GU:

-AKI.

-Avoid nephrotoxic medications.

-f/u on random electrolyte panel and FeNa check.

ID:

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1008-0022

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

-
- Known HIV infection.
 - F/u with Family on bringing in his home medications for recommencement.
 - will f/u with CD4 count and viral load check.

HEME/ONC:

- No acute issues.
- Will continue Lovenox for VTE prophylaxis

ENDO:

- will f/u POC to Keep sugars <180,
- will check TSG with reflex T4.

F/E/N:

- NG tube feeding dc'd at family's request.
- will continue to monitor and replete electrolytes.
- Lactic acidosis has cleared.
- will continue him IVF LR for now.

SOCIAL:

Full code.

NOK: Mother

Additional Comments

One of the patient's sisters was in the room and was updated on the plan. All of their questions were answered to their satisfaction.

(OLUBIYI,OLUTAYO I MD)

Additional Information

Condition: Critical

Critical Care Time (mins): 45

Additional Comments

excluding teaching or procedures

(LERMAN,GABRIEL S DO)

Attestation Statement

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

The patient remains obtunded with a RASS of -5. We performed an LP this afternoon and while he was getting injections of lidocaine, he withdrew from the stimuli, which is an improvement from yesterday. Overnight, the patient was initially getting tube feeds however, there appeared to have been a conversation between the nursing staff and one of the patient's sisters, who is a nurse. The patient's sister insisted that the tube feeds be stopped as the patient was becoming febrile and was concerned that she was told the patient may have aspirated. On exam this morning, there is no evidence of aspiration on CXR.

The patient was sent down for a CT of the brain with contrast this morning, since his renal function cleared, and there are no acute changes. An LP was performed this afternoon and the samples were sent to the lab.

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1008-0022

REPORT STATUS: Signed

Page 7 of 7

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Will discuss with ID starting or restarting HAART once we get the bottles from the sister.

Awaiting results of the EEG, though there has been no clinical seizure activity.

(LERMAN,GABRIEL S DO)

OLUBIYI,OLUTAYO I MD
LERMAN,GABRIEL S DO

Oct 8, 2016 06:23
Oct 8, 2016 15:11

<Electronically signed by OLUTAYO I OLUBIYI, MD> 10/09/16 1825
<Electronically signed by GABRIEL S LERMAN, DO> 10/08/16 1518

OLUBOL / OO / DD 10/08/16 0623 / DT 10/08/16 0623

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1008-0022
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1009-0017
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/9/16 06:27
(MALIK, AMMAR M MD)

Subjective

Hospital LOS days: 3

ICU LOS: 3

Subjective

Examined patient at bedside.
Patient remains unconscious.
No reports of patient regaining consciousness.
No events reported by night team.
Patient remains off sedation.
(MALIK, AMMAR M MD)

Review of Systems

Unable to Obtain: Clinical Condition (Patient remains unconscious)
(MALIK, AMMAR M MD)

Objective

Active Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Heparin Sodium (Porcine)	5,000 units	Q8	10/7/16 13:00		10/9/16 04:39
Fentanyl Citrate 50 mcg	50 mcg	Q2H PRN	10/7/16 08:30		
Thiamine HCl/ Folic Acid/Sodium Chloride	101.2 ml @ 100 mls/hr	DAILY	10/7/16 10:30		10/8/16 09:09
Acetaminophen 650 mg	650 mg	Q6H PRN	10/8/16 20:45		10/8/16 21:15
Lactated Ringer's	1,000 ml @ 175 mls/hr	Q5H43M	10/9/16 01:15		10/9/16 03:09

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1009-0017
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

(MALIK, AMMAR M MD)

Patient Data**Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/9/16 06:00	37.6	109	32	137/76	97	Ventilator		30

Weight in Kg

93.90

	10/9/16 07:00
Intake Total	3950 ml
Output Total	2490 ml
Balance	1460 ml
Intake IV Total	3950 ml
Tube Irrigant	0 ml
Output Urine Total	2490 ml

Sedation Score Actual

-5

(MALIK, AMMAR M MD)

Ventilator Settings**Ventilator Settings:****Delivery Method:** Endotracheal Tube**Mode:** AC**Ventilator Rate:** 18**FIO2 (21-100%):** 30**Tidal Volume (ml):** 400**PEEP (cm H2O):** 5**Confirmation of Position:** Chest Xray

(MALIK, AMMAR M MD)

Physical Exam**Appearance:** : Appears Stated Age: No Acute Distress No: Agitated, Alert**Head Exam:** : Normocephalic: Symmetric**HEENT:** : PERRL: Sclera Anicteric**Thorax:** : CTA Bilateral: No Accessory Muscle Use No: Crackles**Cardiovascular:** : No JVD: Normal Peripheral Pulse: Regular Rate Rhythm**Abdomen:** : Bowel Sounds Noted: Soft**Rectal Exam:** : Deferred

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1009-0017

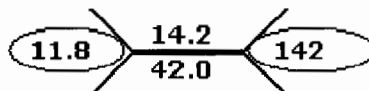
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Skin: : Skin Color Normal: Skin Temperature Normal
Wound Present: No
Pulses: Distal Pulses 2+
Mental Status: Abnormal
Follows Commands: No
(MALIK, AMMAR M MD)

Results**Results****Lab Results, CBC Diagram****10/9/16 05:30**

Arterial Blood Gas

10/7/16 08:25: Blood Gas Ventilator Setting 18**10/7/16 17:00:**

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15:

Allen Test Pos, Blood Gas Tidal Volume 400, Blood Gas PEEP 5.0

10/9/16 05:58:

Arterial Blood pH 7.48, Arterial Blood pH (Temp corrected) 7.48, Arterial Blood Partial Pressure CO2 39.1, Arterial Blood pCO2 (Temp correct) 39.1, Arterial Blood Partial Pressure O2 60, Arterial Blood pO2 (Temp corrected) 59.8, Arterial Blood HCO3 28.9, Arterial Bld O2 Saturation (Measur) 92.6, Arterial Blood Base Excess 4.9, Arterial Blood Hematocrit 43.4, Arterial Blood Sodium 141, Arterial Blood Potassium 3.8, Chloride (Blood Gas) 106, Ionized Calcium (Measured) (Bld Gas) 1.21, Lactate (Blood Gas) 1.3, Blood Gas Temperature 98.6, Oxygen Delivery Device Aerm, FiO2 30.0

Diagnostics Reviewed: Yes**Imaging****Exam: CT Brain W**

IMPRESSION: No intracranial hemorrhage, acute infarct or enhancing mass.

(MALIK, AMMAR M MD)**Quality****Code Status:** Full Code**(MALIK, AMMAR M MD)****Lines Tubes and Catheter:** ETT (10/7/16), Urinary Catheter, Other (OGT (10/7/16))**Line Necessity Addressed:** Yes

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1009-0017

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

(MALIK,AMMAR M MD)

VTE Prophylaxis Ordered: Yes

(MALIK,AMMAR M MD)

Indwelling Foley Catheter: Yes

Urinary Cath Insertion Date: Oct 7, 2016

(MALIK,AMMAR M MD)

Central Venous Catheter: No

(MALIK,AMMAR M MD)

Non-Violent Restraints: Continued

(MALIK,AMMAR M MD)

Impression and Plan

Assessment

Problem List:

(1) Acute respiratory failure with hypercapnia

(2) Toxic encephalopathy

(3) Respiratory failure

(4) On mechanically assisted ventilation

(5) Rhabdomyolysis

(6) Drug overdose

Chronic Problems: (MALIK,AMMAR M MD)

Problem List:

(1) Drug overdose

(2) Toxic encephalopathy

(3) Respiratory failure

(4) On mechanically assisted ventilation

(5) Acute respiratory failure with hypercapnia

(6) Rhabdomyolysis

(7) VAP (ventilator-associated pneumonia)

Chronic Problems: (LERMAN,GABRIEL S DO)

Management Plan

Plan

Neurology:

-Patient is intubated but without sedation.

-Patient remains unconscious. Unknown etiology.

-LP and CT brain unrevealing for infection.

-EEG is still pending but no reports of seizure like activity since admission.

-Neurology consulted; drugs vs encephalopathy

-Will continue Neurochecks Q6 and keep patient off any sedation.

CV:

-Minor widening of the QRS complex noted on EKG patient was started on bicarb gtt due to TCA overdose

-Patient was tachy overnight

PULM:

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1009-0017

REPORT STATUS: Signed

Page 5 of 6

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

-
- Patient is sating well on current ventilation setting.
 - Hypercapnia resolved.
 - Blood gas this morning revealed Alkalosis with a low PO2
 - Possibly consider increasing FIO2

GI:

- No acute issues.
- Day 3 of intubation. Will H2 blocker for prophylaxis today.

GU:

- AKI resolved
- Foley inserted yesterday, monitor I&Os.
- CPK trended up yesterday, rhabdo secondary to drug overdose, continue with IVF.
- Will continue to trend CPK levels.

ID:

- Known HIV infection.
- CD4 count and viral load pending
- Unknown history of HAART compliance.

HEME/ONC:

- No acute issues.
- Will continue Heparin SubQ VTE prophylaxis

ENDO:

- Keep sugars <180
- TSH within normal range.

F/E/N:

- NG tube feeding discontinued at sisters request
- Continue to monitor and replete electrolytes.
- Continue him IVF LR for now.

SOCIAL:

Full code.

NOK:

Sheree Bradham (484) 420-5809 Mother
Ellis Bradham (610) 348-4661 Father

I am not able to update the problem list due to a technical problem with Meditech. Hypercapnia has resolved.
(MALIK,AMMAR M MD)

Additional Information

Condition: Critical

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1009-0017

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Critical Care Time (mins): 42**Additional Comments**

excluding teaching or procedures

(LERMAN,GABRIEL S DO)**Attestation Statement****Attestation Statement**

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

Patient remained obtunded. Yesterday during the LP, he was responding to painful stimulus. On CXR, which I personally reviewed, there is a new infiltrate at the left lower lobe which is concerning for a VAP. The patient did have fevers overnight. The patient was started on vancomycin. His cultures returned as Staph aureus. Once the sensitivities return, we will be able to de-escalate his antibiotics.

Still awaiting his latest CD4 count and viral load. It appears that he was not on HAART and we will be getting records from DELCO hospital ID group to see what he was on and what his latest counts were.

Will continue to monitor his CK levels and try to get an MRI if we have one that has a compatible ventilator.

I stressed again to the family that I would like to start him on tube feeds and explained that using the gut is the best, prevents bacterial translocation, and atrophy of intestinal villi. They were concerned about aspiration and I advised them that to me the CXR did not show aspiration but a simple VAP. The sister, who is a nurse, stated that she will talk with the other members of the family and come with a decision about the tube feeds. In my opinion, this patient needs nutrition which is being blocked by the family.

(LERMAN,GABRIEL S DO)

MALIK,AMMAR M MD
LERMAN,GABRIEL S DO

Oct 9, 2016 06:33

Oct 9, 2016 19:42

<Electronically signed by AMMAR M MALIK, MD> 10/09/16 1259**<Electronically signed by GABRIEL S LERMAN, DO> 10/09/16 1943**

MALIAM / AM / DD 10/09/16 0833 / DT 10/09/16 0833

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1009-0017
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
 ACCT: FA1307223089
 REPORT #: 1009-0032
 ROOM/BED: 506-01
 SEX: M
 ATTENDING: LITTMAN, MARIO, MD
 PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
 ADMIT DATE: 10/07/16
 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/9/16 07:05

Subjective

Patient seen, vented, nonverbal, unresponsive, chart reviewed

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/9/16 06:00	37.6	109	32	137/76	97	Ventilator		30

Weight In Kg

93.90

Bedside Blood Glucose

10/7/16 08:16: POC Glucose 82

Appearance: : Other (unresponsive)

Thorax: : Decreased Breath Sounds

Cardiovascular: : Regular Rate Rhythm

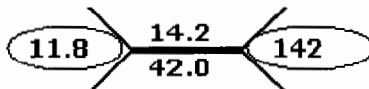
Abdominal Inspection: : Normal

Abdomen: : Bowel Sounds Noted

Results

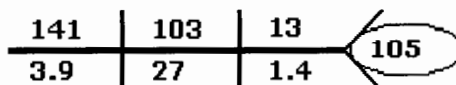
Lab Results, CBC Diagram

10/9/16 05:30



Lab Results, BMP Diagram

10/9/16 05:30



PATIENT: EFUNNUGA, OLUTOKUNBO
 CC:
 REPORT #: 1009-0032
 REPORT STATUS: Signed

Page 2 of 2

**Mercy Fitzgerald Hospital
Internal Med Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Impression and Plan

Problem List:

(1) Drug overdose

Impression and Plan: Continue with clinical monitoring

(2) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: Continue full ventilator support

(3) AKI (acute kidney injury)

Impression and Plan: Improved with hydration

(4) HIV (human immunodeficiency virus infection)

Chronic Problems:

HAMID,SAMMY, MD

Oct 9, 2016 07:07

<Electronically signed by SAMMY HAMID, MD> 10/10/16 0642

HAMISA / SH / DD 10/09/16 0707 / DT 10/09/16 0707

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1009-0032

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
 ACCT: FA1307223089
 REPORT #: 1010-0083
 ROOM/BED: 506-01
 SEX: M
 ATTENDING: LITTMAN, MARIO, MD
 PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
 ADMIT DATE: 10/07/16
 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/10/16 07:32

Subjective

Patient on the ventilator, does not verbalize or participate in history, chart reviewed at length

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/10/16 06:00		108	13	119/56	99	Ventilator		40
10/10/16 05:00	37.9							

Weight in Kg

90.20

Bedside Blood Glucose

10/7/16 08:16: POC Glucose 82

Appearance: : No Acute Distress

Thorax: : Decreased Breath Sounds

Cardiovascular: : Regular Rate Rhythm

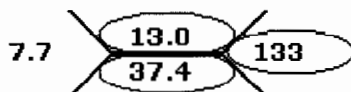
Abdominal Inspection: : Normal

Abdomen: : Bowel Sounds Noted: Non-tender

Results

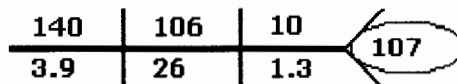
Lab Results, CBC Diagram

10/10/16 04:45



Lab Results, BMP Diagram

10/10/16 04:45



PATIENT: EFUNNUGA, OLUTOKUNBO
 CC:
 REPORT #: 1010-0083
 REPORT STATUS: Signed

Page 2 of 2

**Mercy Fitzgerald Hospital
Internal Med Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Impression and Plan

Problem List:

(1) Drug overdose

Impression and Plan: Continue with clinical monitoring

(2) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: Continue full ventilator support, wean as clinically appropriate

(3) AKI (acute kidney injury)

Impression and Plan: Improved with hydration--- continue to monitor labs

(4) HIV (human immunodeficiency virus infection)

Impression and Plan: Appreciate ID input, follow-up LP studies

Chronic Problems:

HAMID,SAMMY, MD

Oct 10, 2016 07:33

<Electronically signed by SAMMY HAMID, MD> 10/10/16 1541

HAMISA / SH / DD 10/10/16 0733 / DT 10/10/16 0733

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1010-0083

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1010-0088
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/10/16 07:34
(MALIK, AMMAR M MD)

Subjective

Subjective

Examined patient at bedside.
Yesterday evening patient became more responsive.
Patient began to move extremities and respond to pain.
He was not able to follow commands.
This morning he remains obtunded and is not responding to commands or pain.
(MALIK, AMMAR M MD)

Review of Systems

Unable to Obtain: Clinical Condition (Patient is intubated and remains obtunded)
(MALIK, AMMAR M MD)

Objective

Active Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Heparin Sodium (Porcine)	5,000 units	Q8	10/7/16 13:00		10/10/16 04:28
Fentanyl Citrate 50 mcg	50 mcg	Q2H PRN	10/7/16 08:30		10/10/16 04:29
Thiamine HCl/ Folic Acid/Sodium Chloride	101.2 ml @ 100 mls/hr	DAILY	10/7/16 10:30		10/9/16 08:26
Acetaminophen 650 mg	650 mg	Q6H PRN	10/8/16 20:45		10/10/16 04:28
Lactated Ringer's	1,000 ml @ 175 mls/hr	Q5H43M	10/9/16 01:15		10/10/16 06:59
Vancomycin/Sodium Chloride	500 ml @ 250 mls/hr	Q12	10/9/16 21:00		10/9/16 21:36

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1010-0088
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Famotidine	20 mg	DAILY	10/9/16 10:30		10/9/16 11:57
------------	-------	-------	---------------	--	---------------

(MALIK, AMMAR M MD)

Patient Data**Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/10/16 06:00		108	13	119/56	99	Ventilator		40
10/10/16 05:00	37.9							

Weight in Kg

90.20

	10/10/16 07:00
Intake Total	5275 ml
Output Total	2230 ml
Balance	3045 ml
Intake IV Total	4875 ml
Tube Irrigant	400 ml
Output Urine Total	2230 ml

Sedation Score Actual

-4

(MALIK, AMMAR M MD)

Ventilator Settings**Ventilator Settings:****Delivery Method:** Endotracheal Tube**Mode:** AC**Ventilator Rate:** 18**FiO2 (21-100%):** 40**Tidal Volume (ml):** 400**Pressure Support (cm H2O):** 5

(MALIK, AMMAR M MD)

Physical Exam**Appearance:** : Appears Stated Age: No Acute DistressNo: Agitated, Alert**Head Exam:** : Normocephalic: SymmetricNo: Abrasions**HEENT:** : Sclera Anicteric**Thorax:** : CTA Bilateral: No Accessory Muscle UseNo: Accessory Muscle Use, Crackles

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1010-0088

REPORT STATUS: Signed

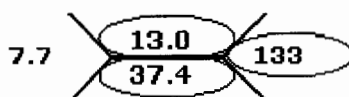
Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

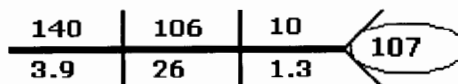
MR#: F001250247

Cardiovascular: : No JVD: Normal Peripheral Pulse: Regular Rate Rhythm**Abdomen:** : Bowel Sounds Noted: Soft**Rectal Exam:** : Deferred**Skin:** : Skin Color Normal: Skin Temperature Normal**Pulses:** Distal Pulses 2+**Mental Status:** Abnormal (Obtunded)**Follows Commands:** No**(MALIK,AMMAR M MD)****Results****Results****Lab Results, CBC Diagram**

10/10/16 04:45

**Lab Results, BMP Diagram**

10/10/16 04:45

**Arterial Blood Gas**

10/7/16 08:25: Blood Gas Ventilator Setting 18

10/7/16 17:00:

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15:

Allen Test Pos, Blood Gas Tidal Volume 400, Blood Gas PEEP 5.0

10/10/16 05:00:

Arterial Blood pH 7.43, Arterial Blood pH (Temp corrected) 7.43, Arterial Blood Partial Pressure CO2 42.2, Arterial Blood pCO2 (Temp correct) 42.2, Arterial Blood Partial Pressure O2 107, Arterial Blood pO2 (Temp corrected) 107, Arterial Blood HCO3 28.1, Arterial Bld O2 Saturation (Measur) 98.5, Arterial Blood Base Excess 3.5, Arterial Blood Hematocrit 39.9, Arterial Blood Sodium 140, Arterial Blood Potassium 3.7, Chloride (Blood Gas) 107, Ionized Calcium (Measured) (Bld Gas 1.20, Lactate (Blood Gas) 1.1, Blood Gas Temperature 98.6, Oxygen Delivery Device Aerm, FiO2 40.0

Diagnostics Reviewed: Yes**(MALIK,AMMAR M MD)****Quality**

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1010-0088

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Discussed Care Plan with: Family

Code Status: Full Code

(MALIK,AMMAR M MD)

Lines Tubes and Catheter: ETT, Urinary Catheter, Other (OGT 10/7/16)

Line Necessity Addressed: Yes

(MALIK,AMMAR M MD)

VTE Prophylaxis Ordered: Yes

GI Prophylaxis: H2 Blockers

(MALIK,AMMAR M MD)

Indwelling Foley Catheter: Yes

Indication for Indwelling Cath: Acute Urinary Retention

I Will Enter Order to Remove: No

(MALIK,AMMAR M MD)

Central Venous Catheter: No

(MALIK,AMMAR M MD)

Non-Violent Restraints: Continued

(MALIK,AMMAR M MD)

Impression and Plan

Assessment

Problem List:

- (1) Drug overdose
- (2) Toxic encephalopathy
- (3) Respiratory failure
- (4) On mechanically assisted ventilation
- (5) Acute respiratory failure with hypercapnia
- (6) Rhabdomyolysis
- (7) VAP (ventilator-associated pneumonia)

Chronic Problems: (MALIK,AMMAR M MD)

Problem List:

- (1) Rhabdomyolysis
- (2) Drug overdose
- (3) Toxic encephalopathy
- (4) Respiratory failure
- (5) On mechanically assisted ventilation
- (6) Acute respiratory failure with hypercapnia
- (7) VAP (ventilator-associated pneumonia)

Chronic Problems: (LERMAN,GABRIEL S DO)

Management Plan

Plan

Neurology:

- Patient is intubated and obtunded but without sedation.
- Patient status is improving.
- Most likely etiology currently for patients neurological state is the TCA overdose as LP and CT has been negative.

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1010-0088

REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

-
- MRI today if vent compatible
 - EEG is still pending but no reports of seizure like activity since admission.
 - Neurology consulted; drugs vs encephalopathy
 - Will continue Neurochecks Q6 and keep patient off any sedation.

CV:

- Minor widening of the QRS complex noted on EKG patient was started on bicarb gtt due to TCA overdose
- Patient was tachycardic overnight but BP was stable.

PULM:

- Patient is sating well on current ventilation setting.
- Hypercapnia resolved.
- New infiltrates on CXR concerning for VAP
- Respiratory cultures concerning for Staph currently on Vanc, sensitives pending

GI:

- No acute issues.
- Famotidine started yesterday for prophylaxis

GU:

- AKI resolved. Cr continues to trend down.
- Continue monitor I&Os.
- CPK continues to trend down yesterday afternoon but trended up again this morning 8200s .
- Will continue to trend CPK levels until normalize
- Continue with aggressive IVF therapy

ID:

- CSF negative for yeast as india ink test has resulted
- Known HIV infection.
- CD4 count and viral load pending
- Unknown history of HAART compliance.
- Will obtain records from DelCo ID office today.

HEME/ONC:

- No acute issues.
- Will continue Heparin SubQ VTE prophylaxis

ENDO:

- Keep sugars <180

F/E/N:

- NG tube feeding discontinued at sisters request. They have not updated us in regards to restarting even though we spoke to them twice.
- Continue to monitor and replete electrolytes.
- Continue him IVF LR for now.

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1010-0088

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

SOCIAL:

Full code.

NOK:

Sheree Bradham (484) 420-5809 Mother

Ellis Bradham (610) 348-4661 Father

(MALIK,AMMAR M MD)

Additional Information

Condition: Critical

Critical Care Time (mins): 30

Additional Comments

excluding teaching or procedures

(LERMAN,GABRIEL S DO)

Attestation Statement

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

The patient became more responsive today. He does wake up and open his eyes but he quickly becomes obtunded. The patient is being more delirious this evening and in an effort to prevent him from self extubating, will start him on Propofol for a RASS goal of -1. Will perform an SAT/SBT in the morning. His MRI is negative and it is looking more and more that this was all due to TCA overdose. The sputum cultures are finalized as MSSA and we stopped the vancomycin and changed him to Rocephin.

His rhabdo continues to get worse, there is a possibility of Serotonin Syndrome, however, he is not having hyperthermia or other over symptoms of the condition. Will continue with the LR for the time being and daily CK levels.

Family was advised once again to start tube feeds on the patient. They still want to talk amongst themselves before agreeing to restarting tube feeds. It was stressed that the pt did not have an aspiration pneumonia.

(LERMAN,GABRIEL S DO)

MALIK,AMMAR M MD

LERMAN,GABRIEL S DO

Oct 10, 2016 07:38

Oct 10, 2016 22:25

<Electronically signed by AMMAR M MALIK, MD> 10/10/16 1621

<Electronically signed by GABRIEL S LERMAN, DO> 10/10/16 2225

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1010-0088

REPORT STATUS: Signed

Page 7 of 7

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

MALIAM / AM / DD 10/10/16 0738 / DT 10/10/16 0738

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1010-0088
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1010-0200
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/10/16 10:13

Service: Infectious Disease

Subjective

CSF analysis not c/w bacterial meningitis
blood cultures GPC in chains on 10/8, admitted 10/7
sputum with staph aureus
more responsive today, moved his toes and hands to verbal stimulus
no temp spikes
normal wbc
high fever yesterday, low grade this morning
vancomycin has been initiated
no sig resp suctioning per d/w nursing
as noted in HPI yesterday, patient didn't have fever or chills, or cough or sputum production per d/w his sister
yesterday atleast to her knowledge
d/w micro lab , prelim alpha strep and not pneumococcus , will wait for final ID

Objective

Active Meds Reviewed: Yes

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/10/16 10:00		102	25	149/74	100	Ventilator		40
10/10/16 09:00	38.0							

Weight in Kg

93.00

Bedside Blood Glucose

10/7/16 08:16: POC Glucose 82

Appearance: : Other (intubated but moving extremities today)

Head Exam: : Symmetric

Eyes: : Sclera Anicteric

Neck: : Supple

Thorax: : Other (intubated)

Cardiovascular: : Regular Rate Rhythm

Abdomen: : Other (mild distension)

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1010-0200
REPORT STATUS: Signed

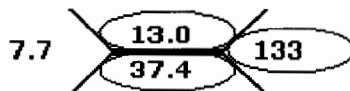
Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO

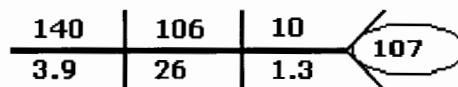
MR#: F001250247

Results**Lab Results, CBC Diagram**

10/10/16 04:45

**Lab Results, BMP Diagram**

10/10/16 04:45

**Diagnostics Reviewed:** Yes**Impression and Plan****Plan**

Impression and plan

1. HIV

- Unclear if he truly was on medications or not at that as the history is not confirmed unclear
- Sister thinks he might have been getting care at Delaware County Memorial Hospital, discussed with the team to contact the ID service over there and see if he is in their system
- Check a CD4 count
- Check a viral load
- Check a hepatitis panel

2. Change in mental status,

- Possibility of drug overdose
- Neurology following
- CT of the brain without any acute issues
- Lumbar puncture thus far not consistent with meningitis, india ink negative, awaiting MRI brain once able with ventilator
- Blood cultures today with alpha strep
- staph aureus in sputum
- fever after admission and not on initial presentation

3. VDRF, ventilator management per ICU team, no evidence of definitive PNA on xray, although today with mild abnormality, many wbc on gram stain of sputum and now with staph aureus, t/c CT chest as able

4. Rhabdomyolysis, treatment per icu team, CPK rising

Rocephin

can keep vancomycin till final that staph aureus MSSA which i suspect it may be as MRSA screen was negative

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1010-0200

REPORT STATUS: Signed

Page 3 of 3

Mercy Fitzgerald Hospital
Infectious Disease Progress No

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

get repeat blood cultures
get ECHO

ASNANI,BHARTI, MD

Oct 10, 2016 10:19

<Electronically signed by BHARTI ASNANI, MD> 10/10/16 1025

ASNABH / BA / DD 10/10/16 1019 / DT 10/10/16 1019

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1010-0200
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO
 ACCT: FA1307223089
 REPORT #: 1011-0036
 ROOM/BED: 506-01
 SEX: M
 ATTENDING: LITTMAN,MARIO, MD
 PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
 ADMIT DATE: 10/07/16
 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/11/16 05:37
 (MALIK,AMMAR M MD)

Subjective

Subjective

Examined patient at bedside.
 Patient became more responsive yesterday evening and was started on Propofol.
 Patient was unresponsive to pain and did not follow commands this morning.
 (MALIK,AMMAR M MD)

Review of Systems

Unable to Obtain: Clinical Condition
 (MALIK,AMMAR M MD)

Objective

Active Meds Reviewed: Yes
Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Heparin Sodium (Porcine)	5,000 units	Q8	10/7/16 13:00		10/11/16 04:44
Fentanyl Citrate	50 mcg	Q2H PRN	10/7/16 08:30		10/10/16 04:29
Acetaminophen 650 mg	650 mg	Q6H PRN	10/8/16 20:45		10/10/16 04:28
Lactated Ringer's	1,000 ml @ 200 mls/hr	Q5H	10/10/16 08:30		10/11/16 04:45
Famotidine	20 mg	BID	10/10/16 21:00		10/10/16 20:47
Folic Acid	1 mg	DAILY	10/11/16 09:00		
Thiamine HCl 100 mg	100 mg	DAILY	10/11/16 09:00		
Ceftriaxone Sodium	100 ml @ 100 mls/hr	Q12	10/10/16 21:00		10/10/16 20:48

PATIENT: EFUNNUGA,OLUTOKUNBO
 CC:
 REPORT #: 1011-0036
 REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Vancomycin/Sodium Chloride	500 ml @ 250 mls/hr	Q12	10/10/16 21:00		10/10/16 21:44
Propofol	100 ml @ 0 mls/hr	Q0M PRN	10/10/16 20:30		10/10/16 20:47

Titratable Med Infusions

Propofol 10 mcg

(MALIK,AMMAR M MD)**Patient Data****Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/11/16 04:00	38.7	102	24	131/68	100	Ventilator		40

Weight in Kg

93.00

	10/11/16 07:00
Intake Total	5834.3 ml
Output Total	3350 ml
Balance	2484.3 ml
Intake Oral	0 ml
IV Total	5784.3 ml
Tube Irrigant	50 ml
Output Urine Total	3350 ml

Sedation Score Actual

1

(MALIK,AMMAR M MD)**Ventilator Settings****Ventilator Settings:****Delivery Method:** Endotracheal Tube**Mode:** AC**Ventilator Rate:** 18**FIO2 (21-100%):** 40**Tidal Volume (ml):** 400**PEEP (cm H2O):** 5**Confirmation of Position:** Chest Xray**(MALIK,AMMAR M MD)**

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1011-0036

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Physical Exam

Appearance: : Appears Stated Age: No Acute Distress No: Alert**Head Exam:** : Normocephalic**HEENT:** : PERRL: Sclera Anicteric**Thorax:** : CTA Bilateral: No Accessory Muscle Use No: Accessory Muscle Use, Crackles**Cardiovascular:** : No JVD: Regular Rate Rhythm**Abdomen:** : Bowel Sounds Noted: Soft**Rectal Exam:** : Deferred**Skin:** : Skin Color Normal: Skin Temperature Normal**Wound Present:** No**Pulses:** Distal Pulses 2+**Mental Status:** Abnormal**Follows Commands:** No**(MALIK, AMMAR M MD)**

Results

Results

Arterial Blood Gas

10/7/16 08:25: Blood Gas Ventilator Setting 18**10/7/16 17:00:**

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15:

Allen Test Pos, Blood Gas Tidal Volume 400, Blood Gas PEEP 5.0

10/10/16 05:00:

Arterial Blood pH 7.43, Arterial Blood pH (Temp corrected) 7.43, Arterial Blood Partial Pressure CO2 42.2, Arterial Blood pCO2 (Temp correct) 42.2, Arterial Blood Partial Pressure O2 107, Arterial Blood pO2 (Temp corrected) 107, Arterial Blood HCO3 28.1, Arterial Bld O2 Saturation (Measur) 98.5, Arterial Blood Base Excess 3.5, Arterial Blood Hematocrit 39.9, Arterial Blood Sodium 140, Arterial Blood Potassium 3.7, Chloride (Blood Gas) 107, Ionized Calcium (Measured) (Bld Gas 1.20, Lactate (Blood Gas) 1.1, Blood Gas Temperature 98.6, Oxygen Delivery Device Aerm, FiO2 40.0

Diagnostics Reviewed: Yes**(MALIK, AMMAR M MD)**

Labs pending

Diagnostics Reviewed: Yes

Imaging

10/11/16 PCXR read by me: There is ETT present 4cm from carina. Salem sump tube in stomach. Bilateral lower lobe consolidations are present. Consistent with aspiration pneumonia.

(VALENTINO, DOMINIC J, DO)

Quality

Discussed Care Plan with: Family**Code Status:** Full Code

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1011-0036

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

(MALIK,AMMAR M MD)

Lines Tubes and Catheter: ETT (10/7/16), Urinary Catheter (10/8/16)

Line Necessity Addressed: Yes

(MALIK,AMMAR M MD)

Lines Tubes and Catheter: ETT (10/7), Urinary Catheter (1-/8)

(VALENTINO,DOMINIC J, DO)

VTE Prophylaxis Ordered: Yes

GI Prophylaxis: H2 Blockers

(MALIK,AMMAR M MD)

Indwelling Foley Catheter: Yes

Indication for Indwelling Cath: Acute Urinary Retention

I Will Enter Order to Remove: No

(MALIK,AMMAR M MD)

Central Venous Catheter: No

(MALIK,AMMAR M MD)

Non-Violent Restraints: Continued

(MALIK,AMMAR M MD)

Impression and Plan

Assessment

Problem List:

(1) Acute respiratory failure with hypoxia and hypercapnia

(2) On mechanically assisted ventilation

(3) Bacteremia

(4) Bacterial meningitis

(5) AKI (acute kidney injury)

(6) Drug overdose

(7) VAP (ventilator-associated pneumonia)

(8) Toxic encephalopathy

(9) Rhabdomyolysis

(10) HIV (human immunodeficiency virus infection)

Chronic Problems: (MALIK,AMMAR M MD)

Problem List:

(1) Acute respiratory failure with hypoxia and hypercapnia

(2) Aspiration pneumonia

(3) On mechanically assisted ventilation

(4) Bacteremia

(5) Bacterial meningitis

(6) AKI (acute kidney injury)

(7) Drug overdose

(8) Toxic encephalopathy

(9) Rhabdomyolysis

(10) Suicide and self-inflicted poisoning by drugs and medicinal substances

(11) HIV (human immunodeficiency virus infection)

Chronic Problems: (VALENTINO,DOMINIC J, DO)

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1011-0036

REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Management Plan
Plan

Neurology:

- Patient status continues to improve
- Patient is intubated and was started on propofol. Will try to wean patient off propofol.
- Most likely etiology currently for patients neurological state is the TCA overdose as LP, CT and MRI has been negative.
- EEG did not reveal any epileptiform activity did revealed diffuse mild slowing theta waves activity predominant consistent with toxic-metabolic encephalopathy as well as presence of fast beta activity in the frontal region anterior area consistent with anxiety and medication effects.
- Will continue to monitor neuro status

CV:

- Minor widening of the QRS complex noted on EKG patient on presentation and was started on bicarb gtt due to TCA overdose.
- Patient was tachycardic overnight but BP was stable.
- ID is recommending ECHO.

PULM:

- Patient is sating well on current ventilation setting.
- Respiratory cultures concerning for Staph currently on Vanco, will redose today

GI:

- No acute issues.
- Famotidine for prophylaxis

GU:

- AKI resolved.
- Continue monitor I&Os.
- CPK 8200 yesterday pending morning labs.
- Will continue to trend CPK levels until normalize
- Continue with aggressive IVF therapy

ID:

- CSF negative for yeast as india ink test has resulted. Prelim revealed gram positive cocci, final report pending.
- Blood cultures step and sputum staph.
- Known HIV infection.
- Never on any HAART
- CD4 count pending, Hep panel pending Viral load 1443
- Vanc trough suboptimal, will redose Vanco today
- Started patient on ceftriaxone

HEME/ONC:

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1011-0036

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

-No acute issues.
-Will continue Heparin SubQ VTE prophylaxis

ENDO:

-No active issues.
-Keep sugars <180

F/E/N:

-NG tube feeding discontinued at sisters request. Intensivist spoke to them twice and I personally spoke with sister who is nurse in the evening and she said she will give us an update today.
-Continue to monitor and replete electrolytes. Morning labs pending.
-Continue him IVF LR for now.

SOCIAL:

Full code.

NOK:

Sheree Bradham (484) 420-5809 Mother

Ellis Bradham (610) 348-4661 Father

(MALIK,AMMAR M MD)

Additional Information

Condition: Critical

Critical Care Time (mins): 50 (excludes teaching and procedures)

(VALENTINO,DOMINIC J, DO)

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

(MALIK,AMMAR M MD)

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

I disagree with the resident's note. The diagnoses listed to not accurately represent the acute illnesses we are managing in the ICU.

The patient does not have have VAP. The patient had development of infiltrates on CXR within 48hrs of being intubated for LOC from drug OD. He aspirated and this is classic aspiration pneumonia. It is also how he got polymicrobial bacteremia and bacteria in his CSF (related to being immune suppressed from HIV).

He is showing evolution of this on xray. Will continue abx to cover lung/blood/csf. Failed his SAT/SBT today due to agitation.

Continue patient on sedation to RASS goal -1/-2 with Propofol and fentanyl boluses.

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1011-0036

REPORT STATUS: Signed

Page 7 of 7

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Start tube feeds at 20cc/hr. I addressed the patient's mom/sister's concerns with this and explained he is not aspirating now and needs nutritional support in order to improve.

I reviewed plans on rounds with ICU nurse and residents and patient's mother and sister who were present on rounds.
(VALENTINO,DOMINIC J, DO)

MALIK,AMMAR M MD
VALENTINO,DOMINIC J, DO

Oct 11, 2016 05:37

Oct 11, 2016 11:03

<Electronically signed by AMMAR M MALIK, MD> 10/16/16 1951

<Electronically signed by DOMINIC J VALENTINO, DO> 10/11/16 1134

MALIAM / AM / DD 10/11/16 0537 / DT 10/11/16 0537

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1011-0036
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
 ACCT: FA1307223089
 REPORT #: 1011-0070
 ROOM/BED: 506-01
 SEX: M
 ATTENDING: LITTMAN, MARIO, MD
 PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
 ADMIT DATE: 10/07/16
 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/11/16 07:00

Subjective

Patient seen, vented/sedated, full chart reviewed, febrile overnight

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/11/16 06:00	38.8	102	28	149/78	99	Ventilator		40

Weight In Kg

93.00

Bedside Blood Glucose

10/7/16 08:16: POC Glucose 82

Appearance: : No Acute Distress

Thorax: : Decreased Breath Sounds

Cardiovascular: : Regular Rate Rhythm

Abdominal Inspection: : Normal

Abdomen: : Bowel Sounds Noted: Non-tender

Neurologic: : Other (unable to assess)

Impression and Plan

Problem List:

(1) Drug overdose

Impression and Plan: Continue with clinical monitoring

(2) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: Continue full ventilator support, wean as clinically appropriate

(3) AKI (acute kidney injury)

Impression and Plan: Creatinine within normal limits

(4) HIV (human immunodeficiency virus infection)

Impression and Plan: Appreciate ID input, follow-up LP studies, on Rocephin and vancomycin, cultures reviewed

Chronic Problems:

PATIENT: EFUNNUGA, OLUTOKUNBO
 CC:
 REPORT #: 1011-0070
 REPORT STATUS: Signed

Page 2 of 2

**Mercy Fitzgerald Hospital
Internal Med Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

HAMID,SAMMY, MD

Oct 11, 2016 07:01

<Electronically signed by SAMMY HAMID, MD> 10/12/16 0725

HAMISA / SH / DD 10/11/16 0701 / DT 10/11/16 0701

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1011-0070
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Infectious Disease Progress No**

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1011-0318
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

*** Addendum *** *** Addendum *** *** Addendum ***

10/11/16

Addendum: GILBERT,MARK, MD on 10/11/16 @ 13:41

Please obtain ECHO, TEE if logistically feasible

<Electronically signed by MARK GILBERT MD>

GILBMA / MG / DD 10/11/16, 1341 / DT 10/11/16, 1341

*** Original Report ***

Subjective

Encounter Date & Time

10/11/16 13:30

Service: Infectious Disease

Subjective

Pt requires sedation and mechanical ventilation, Tm 101

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/11/16 12:13			24					40
10/11/16 12:00		93		134/68	99	Ventilator		
10/11/16 11:00	36.6							

Weight in Kg

93.00

Bedside Blood Glucose

10/7/16 08:16: POC Glucose 82

Physical Exam

anictic pupils reactive ET intact no stridor or meningismus lung decreased bs bases no cardiac m/r appreciated iv access intact w/o induration no stridor or meningismus abd mild nontender distention guarding or pulsation upper limb

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1011-0318
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Infectious Disease Progress No

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

dependent edema no acute joint effusions Neuro no tremor appreciated on pupils reactive no facial asymmetry
plantars down

Results

blood c/s = 1) staph aureus - mssa, 2) streptococcus mitis, 3) alpha streptococcus
repeat blood c/s pending

CSF c/s: growth only in broth - preliminary = staph sp

Imaging

CxR(my reading): bilateral infiltrates

Impression and Plan

Plan

1. HIV

- Unclear if he truly was on medications or not at that as the history is not confirmed unclear
- Sister thinks he might have been getting care at Delaware County Memorial Hospital, discussed with the team to contact the ID service over there and see if he is in their system
- Check a CD4 count
- Check a viral load
- Check a hepatitis panel

2. Change in mental status,

- Possibility of drug overdose
- Neurology following
- CT of the brain without any acute issues
- Lumbar puncture/MRI does not confirm presence of meningitis
- CSF c/s= contamination if staph sp growth confirmed

3. pneumonia: aspiration a reasonable consideration, complicated by hypoxic respiratory failure

4. hypoxic respiratory failure: mechanical ventilation

5. Rhabdomyolysis, treatment

6. abx mgmt: continue ceftriaxone, If MRSA not identified, vancomycin can be discontinued

discussed clinical presentation with pts mother and ICU medical staff

GILBERT, MARK, MD

Oct 11, 2016 13:35

<Electronically signed by MARK GILBERT, MD> 10/11/16 1340

10/11/16 1341

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1011-0318

REPORT STATUS: Signed

Page 3 of 3

Mercy Fitzgerald Hospital
Infectious Disease Progress No

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

GILBMA / MG / DD 10/11/16 1335 / DT 10/11/16 1335

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1011-0318
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1012-0024
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/12/16 05:50
(MALIK, AMMAR M MD)

Subjective

Subjective

Examined patient at bedside.
No acute events reported overnight.
(MALIK, AMMAR M MD)

Review of Systems

Unable to Obtain: Clinical Condition (Intubated and sedated)
(MALIK, AMMAR M MD)

Objective

Active Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Fentanyl Citrate	50 mcg	Q2H PRN	10/7/16 08:30		10/10/16 04:29
Acetaminophen	650 mg	Q6H PRN	10/8/16 20:45		10/10/16 04:28
Famotidine	20 mg	BID	10/10/16 21:00		10/11/16 20:23
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/11/16 08:29
Thiamine HCl 100 mg	100 mg	DAILY	10/11/16 09:00		10/11/16 08:29
Ceftriaxone Sodium	100 ml @ 100 mls/hr	Q12	10/10/16 21:00		10/11/16 20:23
Propofol	100 ml @ 0 mls/hr	Q0M PRN	10/10/16 20:30		10/12/16 01:05
Vancomycin/Sodium Chloride	500 ml @ 250 mls/hr	Q8	10/11/16 08:15		10/12/16 04:53

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1012-0024
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/11/16 11:18
-------------------	-------	-------	----------------	--	----------------

Titratable Med Infusions

Propofol 20 mcg

(MALIK,AMMAR M MD)**Patient Data****Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/12/16 05:00	37.7	103	33	151/84	100	Ventilator		40

Weight in Kg

93.00

	10/12/16 07:00
Intake Total	5164.6 ml
Output Total	2925 ml
Balance	2239.6 ml
Intake Oral	0 ml
IV Total	3954.6 ml
Tube Feeding	300 ml
Tube Irrigant	910 ml
Output Urine Total	2925 ml
Bladder Scan Volume Amount	917 ml
# Voids	0

Sedation Score Actual

3

(MALIK,AMMAR M MD)**Ventilator Settings****Ventilator Settings:****Delivery Method:** Endotracheal Tube**Mode:** AC**Ventilator Rate:** 18**FIO2 (21-100%):** 40**Tidal Volume (ml):** 400**PEEP (cm H2O):** 5**Confirmation of Position:** Chest Xray**(MALIK,AMMAR M MD)**

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

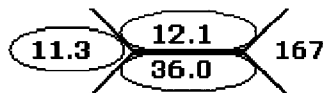
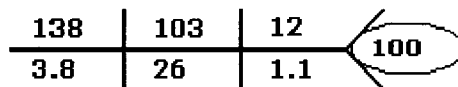
REPORT #: 1012-0024

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Physical Exam**Appearance:** : Appears Stated AgeNo: No Acute Distress**Head Exam:** : Normocephalic**HEENT:** : PERRL: Sclera Anicteric**Thorax:** : CTA Bilateral: No Accessory Muscle UseNo: Accessory Muscle Use**Cardiovascular:** : No JVD: Normal Peripheral Pulse: Regular Rate Rhythm**Abdomen:** : Bowel Sounds Noted: Soft**Rectal Exam:** : Deferred**Skin:** : Skin Color Normal: Skin Temperature Normal**Wound Present:** No**Pulses:** Distal Pulses 2+**Mental Status:** Abnormal**Follows Commands:** No**(MALIK, AMMAR M MD)****Results****Results****Lab Results, CBC Diagram****10/11/16 19:10****Lab Results, BMP Diagram****10/11/16 19:10****Arterial Blood Gas****10/7/16 08:25:** Blood Gas Ventilator Setting 18**10/7/16 17:00:**

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15:

Allen Test Pos, Blood Gas Tidal Volume 400, Blood Gas PEEP 5.0

10/10/16 05:00:

Arterial Blood pH 7.43, Arterial Blood pH (Temp corrected) 7.43, Arterial Blood Partial Pressure CO2 42.2, Arterial Blood pCO2 (Temp correct) 42.2, Arterial Blood Partial Pressure O2 107, Arterial Blood pO2 (Temp corrected) 107, Arterial Blood HCO3 28.1, Arterial Bld O2 Saturation (Measur) 98.5, Arterial Blood Base Excess 3.5, Arterial Blood

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1012-0024

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Hematocrit 39.9, Arterial Blood Sodium 140, Arterial Blood Potassium 3.7, Chloride (Blood Gas) 107, Ionized Calcium (Measured) (Bld Gas 1.20, Lactate (Blood Gas) 1.1, Blood Gas Temperature 98.6, Oxygen Delivery Device Aerm, FiO2 40.0

Diagnostics Reviewed: Yes

(MALIK,AMMAR M MD)

Diagnostics Reviewed: Yes

Imaging

10/12/16 PCXR read by me: There is ETT 3cm from carina. LUE PICC Line. Salem sump tube in stomach. Bilateral lower lobe consolidations similar to prior day.

(VALENTINO,DOMINIC J, DO)

Quality

Discussed Care Plan with: Patient, Family

Code Status: Full Code

(MALIK,AMMAR M MD)

Lines Tubes and Catheter: ETT, PICC (10/12/16)

Line Necessity Addressed: Yes

(MALIK,AMMAR M MD)

Lines Tubes and Catheter: PICC (LUE 10/12/16)

(VALENTINO,DOMINIC J, DO)

VTE Prophylaxis Ordered: Yes

GI Prophylaxis: H2 Blockers

(MALIK,AMMAR M MD)

Indwelling Foley Catheter: No

(MALIK,AMMAR M MD)

Central Venous Catheter: No

(MALIK,AMMAR M MD)

Non-Violent Restraints: Continued

(MALIK,AMMAR M MD)

Impression and Plan

Assessment

Problem List:

(1) Acute respiratory failure with hypoxia and hypercapnia

(2) Aspiration pneumonia

(3) On mechanically assisted ventilation

(4) Bacteremia

(5) Bacterial meningitis

(6) Drug overdose

(7) Toxic encephalopathy

(8) Rhabdomyolysis

(9) Suicide and self-inflicted poisoning by drugs and medicinal substances

(10) HIV (human immunodeficiency virus infection)

Chronic Problems: (MALIK,AMMAR M MD)

Problem List:

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1012-0024

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

(1) Acute respiratory failure with hypoxia and hypercapnia

(2) Aspiration pneumonia

Impression and Plan: with MSSA

(3) On mechanically assisted ventilation

(4) Bacteremia

(5) Drug overdose

(6) Toxic encephalopathy

(7) Rhabdomyolysis

(8) Suicide and self-inflicted poisoning by drugs and medicinal substances

(9) HIV (human immunodeficiency virus infection)

(10) G6P deficiency (glucose-6-phosphatase deficiency)

Chronic Problems: (VALENTINO, DOMINIC J, DO)

Management Plan

Plan

Neurology:

- Patient remains intubated and on propofol. Propofol dose increased from 10 yesterday to 20.
- Patient not responsive to pain or following commands.
- Once infection clears we will attempt SAT/SBT
- Most likely etiology currently for patients neurological state is the TCA overdose as LP, CT and MRI has been negative.
- EEG did not reveal any epileptiform activity.
- Will continue to monitor neuro status

CV:

- Minor widening of the QRS complex noted on EKG patient on presentation and was started on bicarb gtt due to TCA overdose.
- Patient was tachycardic overnight.
- Echo revealed EF 45-50% with trace tricuspid regurgitation with borderline concentric left ventricular hypertrophy

PULM:

- Patient is sating well on current ventilation setting. Consider decreasing FIO2 as ABG shows a high PO2 level.
- Respiratory cultures concerning for Staph currently on Vancomycin
- Will continue Vancomycin until infection clears

GI:

- No acute issues.
- Famotidine for prophylaxis
- Tube feeds started and patient tolerating well

GU:

- AKI resolved.
- Continue monitor I&Os.
- CPK levels trending down from 8288 to 6046
- Will continue to trend CPK levels until normalize

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1012-0024

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

-
- Continue with aggressive IVF therapy
 - Foley removed and texas catheter inserted but patient continues to have urinary retention
 - Will consider reinserting foley today.

ID:

- Vancomycin level suboptimal, we will redose today. Target is 25.
- CSF negative for yeast as india ink test has resulted. Prelim revealed gram positive cocci, final report pending.
- Blood cultures step and sputum staph.
- Known HIV infection.
- Never on any HAART
- CD4 count pending, Hep panel pending Viral load 1443
- Continue Ceftriaxone 2 gm
- Continue Vancomycin 1.5 gm

HEME/ONC:

- No acute issues.
- DVT prophylaxis changed to Lovenox.

ENDO:

- No active issues.
- Glucose level within range last evening and this morning
- Accuchecks and Regular insulin SS ordered
- Keep sugars <180

F/E/N:

- Tube feedings started yesterday, patient tolerating well.
- Continue to monitor and replete electrolytes as needed
- Morning labs, no repletion needed.

SOCIAL:

Full code.

NOK:

Sheree Bradham (484) 420-5809 Mother
Ellis Bradham (610) 348-4661 Father

(MALIK,AMMAR M MD)

Additional Information

Condition: Critical

Critical Care Time (mins): 45 (excludes teaching and procedure times)

(VALENTINO,DOMINIC J, DO)

Attestation Statement

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1012-0024

REPORT STATUS: Signed

Page 7 of 7

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

Patient remains intubated as failed SAT/SBT this AM. Copious thick secretions seem to be the rate limiting step. Patient tolerated tube feeds and we will increase to goal.
Check EKG for QT segment and start risperdal to help with delirium/sedation.
Add doxazosin for urine retention, likely secondary to drugs he ingested.
Would stop vancomycin as CSF organism most likely contaminant, but I will ask ID for their opinion.
Rocephin should continue for bacteremia and MSSA Pneumonia (from aspiration).

Will need Psychiatric evaluation once extubated, hopefully in a few days.
I updated ICU nurse and residents with plans of care.
We included his sister in rounds again and her questions were addressed and answered.

Stopped acetaminophen as there was concern from DelCo about him having possible G6PD deficiency. Pharmacy aware to crosscheck all drug orders for this disorder as some classes of drugs will need to be avoided. No signs of hemolytic anemia at present.

(VALENTINO,DOMINIC J, DO)

MALIK,AMMAR M MD
VALENTINO,DOMINIC J, DO

Oct 12, 2016 05:50

Oct 12, 2016 12:12

<Electronically signed by AMMAR M MALIK, MD> 10/17/16 0259
<Electronically signed by DOMINIC J VALENTINO, DO> 10/12/16 1218

MALIAM / AM / DD 10/12/16 0550 / DT 10/12/16 0550

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1012-0024
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
 ACCT: FA1307223089
 REPORT #: 1012-0126
 ROOM/BED: 506-01
 SEX: M
 ATTENDING: LITTMAN, MARIO, MD
 PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
 ADMIT DATE: 10/07/16
 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/12/16 08:25

Subjective

Patient seen, chart reviewed, on mechanical ventilation, nonresponsive

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/12/16 08:09			24					50
10/12/16 06:00		90		141/81	100	Ventilator		
10/12/16 05:00	37.7							

Weight in Kg

93.00

Bedside Blood Glucose

10/12/16 08:04: POC Glucose 88

Appearance: : No Acute Distress

Thorax: : Decreased Breath Sounds

Cardiovascular: : Regular Rate Rhythm

Abdominal Inspection: : Normal

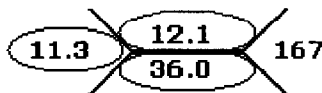
Abdomen: : Bowel Sounds Noted: Non-tender

Neurologic: : Other (unable to assess)

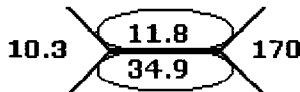
Results

Lab Results, CBC Diagram

10/11/16 19:10



10/12/16 05:40



PATIENT: EFUNNUGA, OLUTOKUNBO
 CC:
 REPORT #: 1012-0126
 REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Lab Results, BMP Diagram

10/11/16 19:10

138	103	12	100
3.8	26	1.1	

10/12/16 05:40

140	104	12	105
4.2	26	1.2	

Impression and Plan**Problem List:****(1) Drug overdose****Impression and Plan:** Continue with clinical monitoring**(2) Acute respiratory failure with hypoxia and hypercapnia****Impression and Plan:** Continue full ventilator support, wean as clinically appropriate**(3) AKI (acute kidney injury)****Impression and Plan:** Creatinine now within normal limits**(4) HIV (human immunodeficiency virus infection)****Impression and Plan:** Appreciate ID input, follow-up LP studies, on Rocephin and vancomycin, cultures reviewed**Chronic Problems:**

HAMID, SAMMY, MD

Oct 12, 2016 08:27

<Electronically signed by SAMMY HAMID, MD> 10/13/16 0820

HAMISA / SH / DD 10/12/16 0827 / DT 10/12/16 0827

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1012-0126

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1012-0452
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Critical Care Note Addendum

Encounter Date & Time

10/12/16 20:18

Family brought up concerns today about possible G6PD deficiency. We obtained records from Delaware County Hospital from the patient's regular infectious disease specialist and I personally reviewed. The G6PD functional level was normal on this assay which was done in 2016. He has no evidence of G6PD deficiency and therefore he is able to receive Tylenol if needed. ICU team updated on this as well.

VALENTINO,DOMINIC J, DO

Oct 12, 2016 20:19

<Electronically signed by DOMINIC J VALENTINO, DO> 10/12/16 2019

VALEDO / DJV / DD 10/12/16 2019 / DT 10/12/16 2019

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1012-0452
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1013-0045
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/13/16 07:03
(MALIK,AMMAR M MD)

Subjective

Subjective

Examined patient at bedside.
No acute events reported overnight.
Patient continues to have urinary retention.
(MALIK,AMMAR M MD)

Review of Systems

Unable to Obtain: Clinical Condition (Intubated and sedated)
(MALIK,AMMAR M MD)

Objective

Active Meds Reviewed: Yes
Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Fentanyl Citrate	50 mcg	Q2H PRN	10/7/16 08:30		10/13/16 02:01
Famotidine	20 mg	BID	10/10/16 21:00		10/12/16 21:53
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/12/16 09:02
Thiamine HCl 100 mg	100 mg	DAILY	10/11/16 09:00		10/12/16 09:03
Propofol	100 ml @ 0 mls/hr	Q0M PRN	10/10/16 20:30		10/13/16 05:02
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/12/16 09:08
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BI...	Q6	10/12/16 07:45		

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1013-0045
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41
Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Doxazosin Mesylate	1 mg	DAILY	10/13/16 09:00		
Risperidone 1 mg	1 mg	BID	10/12/16 11:45		10/12/16 21:54
Cefazolin Sodium	50 ml @ 100 mls/hr	Q8	10/12/16 14:37		10/13/16 06:14
Acetaminophen	500 mg	Q6H PRN	10/12/16 20:15		10/13/16 02:04

Titratable Med Infusions

Propofol 20 MCG

(MALIK,AMMAR M MD)**Patient Data****Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/13/16 06:00		76	24	150/75	100	Ventilator		40
10/13/16 05:00	37.6							

Weight in Kg

93.00

Bedside Blood Glucose Last 24h**10/12/16 08:04:** POC Glucose 88**10/12/16 11:16:** POC Glucose 67**10/12/16 16:30:** POC Glucose 101

	10/13/16 07:00
Intake Total	2420.17 ml
Output Total	4650 ml
Balance	-2229.83 ml
IV Total	420.17 ml
Tube Feeding	850 ml
Tube Irrigant	1150 ml
Output Urine Total	4650 ml
Gastric Drainage Total	0 ml
Bladder Scan Volume Amount	900 ml
	900 ml
# Voids	0

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1013-0045

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Sedation Score Actual

-2

(MALIK,AMMAR M MD)

Ventilator Settings

Ventilator Settings:

Delivery Method: Endotracheal Tube

Mode: AC

Ventilator Rate: 24

FIO2 (21-100%): 40

Tidal Volume (ml): 450

PEEP (cm H2O): 5

Confirmation of Position: Chest Xray

(MALIK,AMMAR M MD)

Physical Exam

Appearance: : Appears Stated Age: No Acute Distress

Head Exam: : Normocephalic

HEENT: : PERRL: Sclera Anicteric

Thorax: : No Accessory Muscle Use: Rhonchi

Cardiovascular: : No JVD: Regular Rate Rhythm

Abdomen: : Bowel Sounds Noted: Soft

Rectal Exam: : Deferred

Skin: : Skin Color Normal: Skin Temperature Normal

Wound Present: No

Pulses: Distal Pulses 2+

Mental Status: Abnormal

Follows Commands: Yes

(MALIK,AMMAR M MD)

Results

Results

Arterial Blood Gas

10/7/16 17:00:

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15: Allen Test Pos

10/13/16 05:30:

Arterial Blood pH 7.41, Arterial Blood pH (Temp corrected) 7.41, Arterial Blood Partial Pressure CO2 46.2, Arterial Blood pCO2 (Temp correct) 46.2, Arterial Blood Partial Pressure O2 122, Arterial Blood pO2 (Temp corrected) 122,

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1013-0045

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Arterial Blood HCO₃ 29.2, Arterial Bld O₂ Saturation (Measur) 98.7, Arterial Blood Base Excess 4.1, Arterial Blood Hematocrit 35.7, Blood Gas Temperature 98.6, Oxygen Delivery Device Aerm, Blood Gas Ventilator Setting 24, FiO₂ 40.0, Blood Gas Tidal Volume 450, Blood Gas PEEP 5.0

Diagnostics Reviewed: Yes
(MALIK, AMMAR M MD)

Quality

Discussed Care Plan with: Family

Code Status: Full Code
(MALIK, AMMAR M MD)

Lines Tubes and Catheter: ETT (10/8), PICC (10/11)

Line Necessity Addressed: Yes
(MALIK, AMMAR M MD)

VTE Prophylaxis Ordered: Yes

GI Prophylaxis: H₂ Blockers
(MALIK, AMMAR M MD)

Indwelling Foley Catheter: No
(MALIK, AMMAR M MD)

Central Venous Catheter: No
(MALIK, AMMAR M MD)

Non-Violent Restraints: Continued
(MALIK, AMMAR M MD)

Impression and Plan

Assessment

Problem List:

- (1) Acute respiratory failure with hypoxia and hypercapnia
- (2) Aspiration pneumonia
- (3) On mechanically assisted ventilation
- (4) Bacteremia
- (5) Bacterial meningitis
- (6) Drug overdose
- (7) Toxic encephalopathy
- (8) Rhabdomyolysis
- (9) Suicide and self-inflicted poisoning by drugs and medicinal substances
- (10) HIV (human immunodeficiency virus infection)

Chronic Problems: (MALIK, AMMAR M MD)

Management Plan

Plan

Neurology:

- Patient remains intubated and on propofol.
- Patient responsive to pain and follows commands.
- Most likely etiology currently for patients neurological state is the TCA overdose as LP, CT and MRI has been

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1013-0045

REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

negative.

- EEG did not reveal any epileptiform activity.
- Will continue to monitor neuro status
- Risperidone started yesterday to manage patients agitation

CV:

- Minor widening of the QRS complex noted on EKG patient on presentation and was started on bicarb gtt due to TCA overdose.
- Patient HR better controlled overnight
- Echo revealed EF 45-50% with trace tricuspid regurgitation with borderline concentric left ventricular hypertrophy
- EKG today to determine QT due to risperidone.

PULM:

- Patient is sating well on current ventilation setting.
- Pneumonia due to MSSA, started on Cefazolin
- Vanc D/C

GI:

- No acute issues.
- Famotidine for prophylaxis
- Increased tube feedings yesterday

GU:

- AKI resolved.
- Continue monitor I&Os.
- CPK levels 6046 trending down to 3101
- Will continue to trend CPK levels until normalize
- Continue with aggressive IVF therapy
- Foley removed and texas catheter inserted but patient continues to have urinary retention, patient was started doxazosin yesterday but continues to have retention. Consider adding foley today

ID:

- CSF negative for yeast as india ink test has resulted. Culture growing Strep epidermitis, most likely contamination.
- Blood cultures step and sputum staph.
- Known HIV infection.
- Never on any HAART
- MSSA started on Cefazolin yesterday and vancomycin discontinued

HEME/ONC:

- No acute issues.
- DVT prophylaxis with Lovenox.

ENDO:

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1013-0045

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

-No active issues.
-Glucose level within range on tube feedings
-Accuchecks and Regular insulin SS ordered
-Keep sugars <180

F/E/N:
-Patient tolerating tube feedings well.
-Continue to monitor and replete electrolytes as needed
-Morning labs pending

SOCIAL:
Full code.
NOK:

Sheree Bradham (484) 420-5809 Mother
Ellis Bradham (610) 348-4661 Father

(MALIK,AMMAR M MD)

Additional Information

Condition: Critical

Critical Care Time (mins): 30

Additional Comments

excluding teaching or procedures

(LERMAN,GABRIEL S DO)

Attestation Statement

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

The patient failed his SBT this morning due to tachypnea. Per nursing, he is still having significant secretions which is all due to his pneumonia. Will continue with aggressive pulmonary toileting and daily SBT. The patient has been intubated for 1 week and will give him some more time before discussion tracheostomy with him and family.

The patient has been having issues with urinary retention, and has been straight cathed at least 3 times. He was bladder scanned this morning and there was a significant amount of urine in the bladder, a foley catheter was ordered to be placed this morning. This is probably a continued side effect of the TCA overdose. He remains on Doxazosin. We can do a voiding trial in the next day or two and if he fails, will need a urology consult.

Continue with tube feeds.
(LERMAN,GABRIEL S DO)

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1013-0045
REPORT STATUS: Signed

Page 7 of 7

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

(MALIK,AMMAR M MD)

MALIK,AMMAR M MD
LERMAN,GABRIEL S DO

Oct 13, 2016 07:07

Oct 13, 2016 14:21

<Electronically signed by AMMAR M MALIK, MD> 10/13/16 1430

<Electronically signed by GABRIEL S LERMAN, DO> 10/13/16 1426

MALIAM / AM / DD 10/13/16 0707 / DT 10/13/16 0707

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1013-0045
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1013-0126
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/13/16 08:26

Subjective

Patient seen, on the ventilator, no overnight issues, chart reviewed at length

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/13/16 07:00	36.5	76	24	151/73	100	Ventilator		40

Weight In Kg

93.00

Bedside Blood Glucose

10/12/16 21:22: POC Glucose 106

Appearance: : No Acute Distress

Thorax: : Decreased Breath Sounds

Cardiovascular: : Regular Rate Rhythm

Abdominal Inspection: : Normal

Abdomen: : Bowel Sounds Noted

Results

Lab Results, CBC Diagram

10/13/16 06:00

~~10.9~~ ~~11.8~~ ~~194~~
~~35.1~~

Lab Results, BMP Diagram

10/13/16 06:00

140	104	11
3.8	28	1.1

112

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1013-0126
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Internal Med Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Impression and Plan

Problem List:

(1) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: Continue full ventilator support, wean as clinically appropriate

(2) AKI (acute kidney injury)

Impression and Plan: Resolved

(3) HIV (human immunodeficiency virus infection)

Impression and Plan: On cefazolin, follow clinically

(4) Drug overdose

Impression and Plan: Continue with clinical monitoring

Chronic Problems:

HAMID,SAMMY, MD

Oct 13, 2016 08:27

<Electronically signed by SAMMY HAMID, MD> 10/14/16 0806

HAMISA / SH / DD 10/13/16 0827 / DT 10/13/16 0827

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1013-0126
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Infectious Disease Progress No**

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1013-0381
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

*** Addendum *** *** Addendum *** *** Addendum ***

10/14/16

Addendum: GILBERT, MARK, MD on 10/14/16 @ 17:20

bacteremia: strep mitis only , not staph aureus

<Electronically signed by MARK GILBERT MD>

GILBMA / MG / DD 10/14/16, 1720 / DT 10/14/16, 1720

*** Original Report ***

Subjective

Encounter Date & Time

10/13/16 16:05

Service: Infectious Disease

Subjective

Pt requires mechanical ventilation , excessive respiratory secretions prevents extubation, Pt reactive to stimuli, and moves torso and limbs, Tm 100-101, no loose stool or acute skin changes appreciated by nursing staff

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/13/16 16:00		110	24		96			
10/13/16 14:00				144/56		Ventilator		40
10/13/16 11:00	37.5							

Weight In Kg

93.00

Bedside Blood Glucose

10/12/16 21:22: POC Glucose 106

Physical Exam

anicteric pupils reactive ET intact, no stridor or meningismus lung rhonchi abd mild nontender distention, no guarding

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1013-0381
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Infectious Disease Progress No

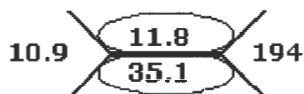
PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

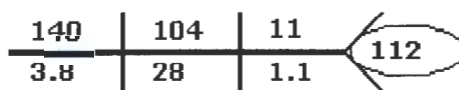
or pulsation, iv access intact, no joint effusions, peripheral edema, or acute skin changes Neuro no tremor appreciated on pupils reactive no facial asymmetry plantars down

Results**Lab Results, CBC Diagram**

10/13/16 06:00

**Lab Results, BMP Diagram**

10/13/16 06:00



repeat blood c/s (10/10)= sterile

Imaging

Cxr(my reading): bilateral consolidation

Impression and Plan**Plan**

bacteremia: staph aureus (mssa) and strep mitis, repeat blood c/ sterile, echocardiogram= no vegetations or valvular abnormality

pneumonia: aspiration, complicated by hypoxic respiratory failure and respiratory secretions

HIVD: moderately advanced, CD4 240-300

elevated temperature: pneumonic focus a reasonable consideration, obtain new sputum c/s, and sputum specimen for cytology to exclude Pneumocystis process, and repeat blood c/s, and urine c/s

abx mgmt: continue cefazolin pending new c/s analysis

discussed clinical presentation with ICU medical staff

GILBERT, MARK, MD

Oct 13, 2016 16:08

<Electronically signed by MARK GILBERT, MD> 10/13/16 1608

10/14/16 1721

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1013-0381

REPORT STATUS: Signed

Page 3 of 3

Mercy Fitzgerald Hospital
Infectious Disease Progress No

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

GILBMA / MG / DD 10/13/16 1608 / DT 10/13/16 1608

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1013-0381
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1014-0034
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/14/16 06:25
(MALIK, AMMAR M MD)

Subjective

Subjective

Examined patient at bedside.
Patient was reported to have green tinged urine overnight.
Propofol titrated down and stopped.
(MALIK, AMMAR M MD)

Review of Systems

Unable to Obtain: Clinical Condition (Intubated and sedated)
(MALIK, AMMAR M MD)

Objective

Active Meds Reviewed: Yes
Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Famotidine	20 mg	BID	10/10/16 21:00		10/13/16 20:43
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/13/16 08:10
Thiamine HCl 100 mg	100 mg	DAILY	10/11/16 09:00		10/13/16 08:10
Propofol	100 ml @ 0 mls/hr	Q0M PRN	10/10/16 20:30		10/14/16 05:46
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/13/16 08:09
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BL...	Q6	10/12/16 07:45		
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1014-0034
REPORT STATUS: Signed

Page 2 of 7

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Doxazosin Mesylate	1 mg	DAILY	10/13/16 09:00		10/13/16 08:10
Risperidone 1 mg	1 mg	BID	10/12/16 11:45		10/13/16 20:43
Cefazolin Sodium	50 ml @ 100 mls/hr	Q8	10/12/16 14:37		10/14/16 05:28
Acetaminophen	500 mg	Q6H PRN	10/12/16 20:15		10/13/16 02:04
Fentanyl Citrate	100 mcg	Q2H PRN	10/14/16 00:30		10/14/16 05:29

(MALIK,AMMAR M MD)

Patient Data**Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/14/16 06:00	37.6	99	28	134/62	100	Ventilator		40

Weight in Kg

93.00

	10/14/16 07:00
Intake Total	2669.67 ml
Output Total	4680 ml
Balance	-2010.33 ml
IV Total	469.67 ml
Tube Feeding	1100 ml
Tube Irrigant	1100 ml
Output Urine Total	4650 ml
Gastric Drainage Total	30 ml
Bladder Scan Volume Amount	900 ml
	900 ml
	900 ml
	900 ml
# Voids	0

Sedation Score Actual

2

(MALIK,AMMAR M MD)

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1014-0034

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Ventilator Settings

Ventilator Settings:

Delivery Method: Endotracheal Tube

Mode: AC

Ventilator Rate: 24

FIO2 (21-100%): 40

Tidal Volume (ml): 450

PEEP (cm H2O): 5

Confirmation of Position: Chest Xray

(MALIK,AMMAR M MD)

Physical Exam

Appearance: : Appears Stated Age: No Acute Distress

Head Exam: : Normocephalic: Symmetric

HEENT: : PERRL: Sclera Anicteric

Thorax: : No Accessory Muscle Use: RhonchiNo: Crackles, Wheezing

Cardiovascular: : No JVD: Normal Peripheral Pulse: Regular Rate Rhythm

Abdomen: : Bowel Sounds Noted: Soft

Rectal Exam: : Deferred

Skin: : Skin Color Normal: Skin Temperature Normal

Wound Present: No

Pulses: Distal Pulses 2+

Follows Commands: Yes

(MALIK,AMMAR M MD)

Results

Results

Arterial Blood Gas

10/7/16 17:00:

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15: Allen Test Pos

10/14/16 04:57:

Arterial Blood pH 7.44, Arterial Blood pH (Temp corrected) 7.44, Arterial Blood Partial Pressure CO2 43.5, Arterial Blood pCO2 (Temp correct) 43.5, Arterial Blood Partial Pressure O2 94, Arterial Blood pO2 (Temp corrected) 93.5, Arterial Blood HCO3 29.5, Arterial Bld O2 Saturation (Measur) 97.7, Arterial Blood Base Excess 4.8, Arterial Blood Hematocrit 37.5, Arterial Blood Sodium 140, Arterial Blood Potassium 3.8, Chloride (Blood Gas) 104, Ionized Calcium (Measured) (Bld Gas) 1.18, Lactate (Blood Gas) 1.0, Blood Gas Temperature 98.6, Oxygen Delivery Device Aerm, Blood Gas Ventilator Setting 24, FiO2 40.0, Blood Gas Tidal Volume 450, Blood Gas PEEP 5.0

Diagnostics Reviewed: Yes

(MALIK,AMMAR M MD)

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1014-0034

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Quality

Discussed Care Plan with: Family

Code Status: Full Code

(MALIK,AMMAR M MD)

Lines Tubes and Catheter: ETT, PICC, Urinary Catheter

Line Necessity Addressed: Yes

(MALIK,AMMAR M MD)

VTE Prophylaxis Ordered: Yes

GI Prophylaxis: H2 Blockers, PPI

(MALIK,AMMAR M MD)

Indwelling Foley Catheter: Yes

Urinary Cath Insertion Date: Oct 13, 2016

I Will Enter Order to Remove: No

(MALIK,AMMAR M MD)

Central Venous Catheter: No

(MALIK,AMMAR M MD)

Non-Violent Restraints: Continued

(MALIK,AMMAR M MD)

Impression and Plan

Assessment

Problem List:

- (1) Acute respiratory failure with hypoxia and hypercapnia
- (2) Aspiration pneumonia
- (3) On mechanically assisted ventilation
- (4) Bacteremia
- (5) Bacterial meningitis
- (6) Drug overdose
- (7) Toxic encephalopathy
- (8) Rhabdomyolysis
- (9) Suicide and self-inflicted poisoning by drugs and medicinal substances
- (10) HIV (human immunodeficiency virus infection)

Chronic Problems: (MALIK,AMMAR M MD)

Management Plan

Plan

Neurology:

- Patient remains intubated, sedation titrated down. Patient is fully alert and responsive.
- Most likely etiology currently for patients neurological state is the TCA which may also be leading to his urinary retention.
- Will continue to monitor neuro status
- Risperidone started yesterday and patient seems to have responded well.

CV:

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1014-0034

REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

-Minor widening of the QRS complex noted on EKG patient on presentation and was started on bicarb gtt due to TCA overdose.
-Patient HR better controlled overnight
-Echo revealed EF 45-50% with trace tricuspid regurgitation with borderline concentric left ventricular hypertrophy.
No signs of vegetations.
-EKG yesterday did not reveal QT prolongation.

PULM:

-SAT/SBT today
-Patient is sating well on current ventilation setting.
-Pneumonia due to MSSA, started on Cefazolin
-New respiratory cultures being obtained. Concern for Pneumocystis.

GI:

-No acute issues.
-Famotidine for prophylaxis
-Patient tolerating tube feedings well.

GU:

-AKI resolved.
-CPK levels 3101 trending down 1500
-Will continue to trend CPK levels until normalize
-Patient requires aggressive IVF therapy
-Foley reinserted. We will resend urine cultures today.

ID:

-CSF negative for infection, contamination most likely with Strep. Epi
-Known HIV infection. Never on any HAART. Low CD4 count.
-Sputum cultures re-sent due to concern for Pneumocystis.
-Urine and blood cultures also re-sent.
-MSSA started on Cefazolin.

HEME/ONC:

-No acute issues.
-DVT prophylaxis with Lovenox.

ENDO:

-No active issues.
-Glucose level within range on tube feedings
-Continue accuchecks and Regular insulin SS
-Keep sugars <180

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1014-0034

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

F/E/N:

- Patient tolerating tube feedings well.
- Continue to monitor and replete electrolytes as needed. Electrolytes currently stable.

SOCIAL:

Full code.

NOK:

Sheree Bradham (484) 420-5809 Mother
Ellis Bradham (610) 348-4661 Father

(MALIK,AMMAR M MD)

Additional Information

Condition: Critical

Critical Care Time (mins): 40

Additional Comments

excluding teaching or procedures

(LERMAN,GABRIEL S DO)

Attestation Statement

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

The patient failed his SBT this morning. This was a combination of anxiety as well as secretions. His CXR is showing a pretty significant pneumonia. He was started on Dexmedetomidine due to his severe anxiety and failing his SBT. His RASS goal is 0 and he will be placed on the sleep protocol. Will continue with daily SBT.

His secretions remain an issue, and will continue with hydration and if needed we can do chest PT in order to get it mobilized. Awaiting the results of the repeat cultures, his new sputum culture is growing a mixed flora picture. He remains on Cefazolin and is responding well. Will change the antibiotics depending on the results of the cultures and in discussion with ID. The patient is HIV positive, and will need to start HAART, this will be at the discretion of ID.

I was able to update the patient's 2 sisters and parents. They were concerned that he is still having suicidal ideations as he is reportedly writing that he wants to die. They were assured that once he is extubated and is able to participate, we will get a psychiatric consult for his mental health issues.

For his fevers, will get a LE US to rule out DVT. For his constipation, will start him on Colace 100mg BID. His rhabdo is improving. Continue with LR@100cc/hr until <500.

(LERMAN,GABRIEL S DO)

MALIK,AMMAR M MD
LERMAN,GABRIEL S DO

Oct 14, 2016 06:32

Oct 14, 2016 15:15

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1014-0034

REPORT STATUS: Signed

Page 7 of 7

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

<Electronically signed by AMMAR M MALIK, MD> 10/14/16 1228

<Electronically signed by GABRIEL S LERMAN, DO> 10/14/16 1515

MALIAM / AM / DD 10/14/16 0632 / DT 10/14/16 0632

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1014-0034
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1014-0139
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/14/16 08:16

Subjective

Patient seen, resting on the ventilator, full chart reviewed, no acute issues

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/14/16 06:00	37.8	99	28	134/62	100	Ventilator		40

Weight In Kg

93.00

Bedside Blood Glucose

10/14/16 05:23: POC Glucose 113

Appearance: : No Acute Distress

Thorax: : Decreased Breath Sounds

Cardiovascular: : Regular Rate Rhythm

Abdominal Inspection: : Normal

Abdomen: : Bowel Sounds Noted: Non-tender

Results

Lab Results, CBC Diagram

10/14/16 05:55

Lab Results, BMP Diagram

10/14/16 05:55

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1014-0139
REPORT STATUS: Signed

Page 2 of 2

**Mercy Fitzgerald Hospital
Internal Med Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Impression and Plan

Problem List:

(1) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: Continue full ventilator support

(2) AKI (acute kidney injury)

Impression and Plan: Resolved

(3) Drug overdose

Impression and Plan: Continue with clinical monitoring

(4) Aspiration pneumonia

Impression and Plan: Continue cefazolin, trend cultures, appreciate ID input

Chronic Problems:

HAMID,SAMMY, MD

Oct 14, 2016 08:17

<Electronically signed by SAMMY HAMID, MD> 10/17/16 0808

HAMISA / SH / DD 10/14/16 0817 / DT 10/14/16 0817

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1014-0139
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1014-0460
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/14/16 17:21

Service: Infectious Disease

Subjective

Pt alert, responds to all commands, requires mechanical ventilation, no fever HA visual changes abdominal or back pain, increased stool formation, Tm 98.8

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/14/16 17:18			32					
10/14/16 17:00		88		156/76	100	Ventilator		40
10/14/16 15:00	37.0							

Weight in Kg

93.00

Bedside Blood Glucose

10/14/16 12:33: POC Glucose 137

Physical Exam

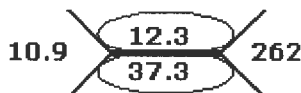
Tm 98.8

anicteric pupils reactive eomi ET intact no stridor or meningismus abd active bs no distention no guarding or pulsation iv access intact slr intact no edema Neuro no tremor appreciated cn intact ms 5/5 upper and lower plantars down

Results

Lab Results, CBC Diagram

10/14/16 05:55



Lab Results, BMP Diagram

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1014-0460
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

10/14/16 05:55

139	101	11	107
4.1	28	1.1	

blood c/s= strep mitis, repeat blood c/s sterile
 sputum c/s = staph aureus, mssa

Impression and Plan
Plan

bacteremia: strep mitis, repeat blood c/ sterile, echocardiogram= n o vegetations or valvular abnormality, recommend TEE
 pneumonia: aspiration, complicated by hypoxic respiratory failure and respiratory secretions
 HIVD: moderately advanced, CD4 240-300
 elevated temperature: resolved, pneumonic focus a reasonable consideration , new sputum c/s analysis pending , and sputum specimen for cytology to exclude Pneumocystis process,
 abx mgmt:adjusted to combination parental ceftriaxone and gentamicin Please obtain gentamicin serum trough level after three doses
 discussed clinical presentation with pt and family and ICU medical staff

recommend TEE

GILBERT, MARK, MD

Oct 14, 2016 17:26

<Electronically signed by MARK GILBERT, MD> 10/14/16 1744

GILBMA / MG / DD 10/14/16 1726 / DT 10/14/16 1726

PATIENT: EFUNNUGA, OLUTOKUNBO
 CC:
 REPORT #: 1014-0460
 REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1015-0011
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/15/16 05:23

(CAR, ADRIAN D MD)

Subjective

Subjective

Patient seen and examined this morning.

Overnight patient pulled foley out, it was replaced.

Patient is experienced episodes of agitation that caused patient to go tachypneic & tachycardic.

Managed agitating episodes with 1mg dilaudid pushes.

Patient is otherwise stable overnight.

(CAR, ADRIAN D MD)

Review of Systems

Unable to Obtain: Clinical Condition

(CAR, ADRIAN D MD)

Objective

Active Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Famotidine	20 mg	BID	10/10/16 21:00		10/14/16 20:08
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/14/16 09:33
Thiamine HCl	100 mg	DAILY	10/11/16 09:00		10/14/16 09:32
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/14/16 09:33
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BL...	Q6	10/12/16 07:45		
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1015-0011
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Doxazosin Mesylate	1 mg	DAILY	10/13/16 09:00		10/14/16 09:32
Risperidone	1 mg	BID	10/12/16 11:45		10/14/16 20:08
Acetaminophen	500 mg	Q6H PRN	10/12/16 20:15		10/13/16 02:04
Fentanyl Citrate 100 mcg	100 mcg	Q2H PRN	10/14/16 00:30		10/15/16 03:43
Dexmedetomidine HCl/Sodium Chloride	104 ml @ 0 mls/hr	Q0M PRN	10/14/16 08:45		10/15/16 03:06
Docusate Sodium 100 mg	100 mg	BID	10/14/16 11:30		10/14/16 20:08
Lactated Ringer's	1,000 ml @ 100 mls/hr	Q10H	10/14/16 11:30		10/14/16 20:08
Gentamicin Sulfate 110 mg/ Sodium Chloride	52.75 ml @ 100 mls/hr	Q8	10/14/16 21:00		10/15/16 05:16
Ceftriaxone Sodium	100 ml @ 100 mls/hr	Q12	10/14/16 21:00		10/14/16 20:07

Titratable Med Infusions

Precedex 1.2mcg/kg/hr

Lactated Ringers 100mL

(CAR, ADRIAN D MD)**Patient Data****Vital Signs 24 Hours**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/15/16 05:00		93	32	147/66	100	Ventilator		40
10/15/16 04:08						Ventilator		40
10/15/16 04:07								40
10/15/16 04:00	37.0	81	28	140/66	100	Ventilator		40
10/15/16 03:00		74	26	154/72	100	Ventilator		40
10/15/16 02:00		74	26	155/75	100	Ventilator		40
10/15/16 01:20			27					40
10/15/16 01:00		75	26	156/76	100	Ventilator		40
10/15/16 00:18								40
10/15/16 00:00		78	28	162/78	100	Ventilator		40
10/14/16 23:20						Ventilator		40
10/14/16 23:00		83	28	144/70	100	Ventilator		40
10/14/16 22:00		115	28	162/77	94	Ventilator		40
10/14/16 21:00	37.3	83	29	161/72	100	Ventilator		40
10/14/16 20:03			32					40

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1015-0011

REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

10/14/16 20:00		107	36	167/87	99	Ventilator		40
10/14/16 20:00								40
10/14/16 20:00						Ventilator		40
10/14/16 19:00		84	32	165/81	99	Ventilator		40
10/14/16 18:00		86	33	157/79	100	Ventilator		40
10/14/16 17:18			32					
10/14/16 17:00		88	32	156/76	100	Ventilator		40
10/14/16 16:00		91	27	151/85	97	Ventilator		40
10/14/16 15:00						Ventilator		40
10/14/16 15:00	37.0	84	30	102/72	100	Ventilator		40
10/14/16 14:00		81	27	149/79	100			
10/14/16 13:53			27					40
10/14/16 13:00		87	26	141/74	100	Ventilator		40
10/14/16 12:00			32					
10/14/16 12:00		105	32	129/82	99	Ventilator		40
10/14/16 11:15						Ventilator		40
10/14/16 11:00	37.4	110	28	161/89	99	Ventilator		40
10/14/16 10:00		134	28	165/80	96	Ventilator		40
10/14/16 09:00		130	38	185/119	96	Ventilator		40
10/14/16 08:51								40
10/14/16 08:35		126	36					40
10/14/16 08:28			35					40
10/14/16 08:06		110	27	159/72	100	Ventilator		40
10/14/16 08:00	37.6	111	37	162/66	100	Ventilator		40
10/14/16 07:15						Ventilator		40
10/14/16 07:15			26					
10/14/16 07:00		88	27	132/56	100	Ventilator		40
10/14/16 06:00	37.6	99	28	134/62	100	Ventilator		40
10/14/16 05:46				154/72				

Weight in Kg

93.00

Bedside Blood Glucose Last 24h**10/14/16 12:33:** POC Glucose 137**10/14/16 16:25:** POC Glucose 109**10/14/16 21:23:** POC Glucose 121

	10/15/16 07:00
Intake Total	4688.2 ml
Output Total	2960 ml
Balance	1728.2 ml
IV Total	2488.2 ml
Tube Feeding	1100 ml
Tube Irrigant	1100 ml

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1015-0011

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Output Urine Total	2960 ml
# Bowel Movements	0

Sedation Score Actual

1

(CAR,ADRIAN D MD)

Ventilator Settings**Ventilator Settings:****Delivery Method:** Endotracheal Tube**Mode:** AC**Ventilator Rate:** 24**FIO2 (21-100%):** 40**Tidal Volume (ml):** 450**PEEP (cm H2O):** 5

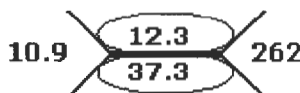
(CAR,ADRIAN D MD)

Physical Exam**Appearance:** : Other (ETT in place.)**Head Exam:** : Normocephalic: Symmetric**HEENT:** : PERRL: Sclera Anicteric**Thorax:** : Rhonchi**Cardiovascular:** : Normal Peripheral Pulse: Regular Rate RhythmNo: Gallop, Murmur**Abdomen:** : Bowel Sounds Noted: Distended: Non-tender**Rectal Exam:** : Deferred**Skin:** : Skin Color Normal: Skin Temperature Normal**Wound Present:** No**Upper Extremity Appearance:** : Normal**Lower Extremity Appearance:** : Normal**Pulses:** Distal Pulses 2+**Mental Status:** Abnormal**Follows Commands:** Yes

(CAR,ADRIAN D MD)

Results**Results****Lab Results, CBC Diagram**

10/14/16 05:55

**Lab Results, BMP Diagram**

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1015-0011


REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

10/14/16 05:55

139	101	11	
4.1	28	1.1	

Arterial Blood Gas

10/7/16 17:00:

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15: Allen Test Pos**10/14/16 04:57:**

Arterial Blood pH 7.44, Arterial Blood pH (Temp corrected) 7.44, Arterial Blood Partial Pressure CO2 43.5, Arterial Blood pCO2 (Temp correct) 43.5, Arterial Blood Partial Pressure O2 94, Arterial Blood pO2 (Temp corrected) 93.5, Arterial Blood HCO3 29.5, Arterial Bld O2 Saturation (Measur) 97.7, Arterial Blood Base Excess 4.8, Arterial Blood Hematocrit 37.5, Arterial Blood Sodium 140, Arterial Blood Potassium 3.8, Chloride (Blood Gas) 104, Ionized Calcium (Measured) (Bld Gas 1.18, Lactate (Blood Gas) 1.0, Blood Gas Temperature 98.6, Oxygen Delivery Device Aerm, Blood Gas Ventilator Setting 24, FiO2 40.0, Blood Gas Tidal Volume 450, Blood Gas PEEP 5.0

Diagnostics Reviewed: Yes**Imaging**

10/14/16

Procedure Reason: to r/o DVT

Exam: US Duplex Venous Study Bilat

IMPRESSION: Ultrasound of bilateral lower extremity deep veins shows no DVT.

INDICATION: 37 years old; Male. Symptom/Location/Duration: HIV, glaucoma, unconscious. Drug overdose. Bilateral lower extremity swelling x10 days. Patient on ventilator.

TECHNIQUE: Ultrasound of bilateral common femoral, superficial femoral, popliteal veins and common femoral/saphenous vein junctions with 2-D grayscale, color Doppler and pulsed Doppler techniques. Comparison: None.
(CAR,ADRIAN D MD)

Quality**Discussed Care Plan with:** Patient**Code Status:** Full Code**(CAR,ADRIAN D MD)****Lines Tubes and Catheter:** ETT, PICC, Urinary Catheter**Line Necessity Addressed:** Yes**(CAR,ADRIAN D MD)****VTE Prophylaxis Ordered:** Yes**GI Prophylaxis:** H2 Blockers**(CAR,ADRIAN D MD)**

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1015-0011

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Indwelling Foley Catheter: Yes
Urinary Cath Insertion Date: Oct 13, 2016
Indication for Indwelling Cath: Acute Urinary Retention
I Will Enter Order to Remove: No
(CAR,ADRIAN D MD)
Central Venous Catheter: No
(CAR,ADRIAN D MD)
Non-Violent Restraints: Continued
(CAR,ADRIAN D MD)

Impression and Plan

Assessment

Problem List:

- (1) Acute respiratory failure with hypoxia and hypercapnia
 - (2) Aspiration pneumonia
 - (3) On mechanically assisted ventilation
 - (4) Bacteremia
 - (5) Bacterial meningitis
 - (6) Drug overdose
 - (7) Toxic encephalopathy
 - (8) Rhabdomyolysis
 - (9) Suicide and self-inflicted poisoning by drugs and medicinal substances
 - (10) HIV (human immunodeficiency virus infection)
- Chronic Problems:** (CAR,ADRIAN D MD)

Management Plan

Plan

Neurology:

- Patient remains intubated, sedation titrated down. Patient is fully alert and responsive.
- Will continue to monitor neuro status
- Patient required dilaudid pushes in order to alleviate agitation episodes overnight, patient is at max precedex he will likely require more sedation until he is able to extubated.

CV:

- Patient appears hemodynamically stable overnight.
- No major issues noted overnight.

PULM:

- Recommend SAT/SBT trial again today.
- Patient is sating well on current ventilation setting.
- Pneumonia due to MSSA, patient currently on ceftriaxone & gentamicin
- Awaiting respiratory cultures.

GI:

- No acute issues.

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1015-0011

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

-
- Famotidine for prophylaxis
 - Patient tolerating tube feedings well.
 - Started on colace for constipation.

GU:

- CPK levels 3101 trending down 1500
- Will continue to trend CPK levels until normalize
- Patient requires aggressive IVF therapy
- Foley reinserted.
- Awaiting urine cultures.

ID:

- CSF negative for infection, contamination most likely with Strep. Epi
- Known HIV infection. Never on any HAART. Low CD4 count.
- Sputum cultures re-sent due to concern for Pneumocystis.
- Awaiting urine & blood cultures.
- Started on ceftriaxone & gentamicin. Will need to obtain gentamicin trough level after 3rd dose.

HEME/ONC:

- No acute issues.
- DVT prophylaxis with Lovenox & SCDs.

ENDO:

- No active issues.
- Glucose level within range on tube feedings
- Continue accuchecks and Regular insulin SS
- Keep sugars <180

F/E/N:

- Patient tolerating tube feedings well.
- Continue to monitor and replete electrolytes as needed. Electrolytes currently stable.

SOCIAL:

Full code.

NOK:

Sheree Bradham (484) 420-5809 Mother

Ellis Bradham (610) 348-4661 Father

(CAR,ADRIAN D MD)

Plan

PT SEEN AND EXAMINED WITH RESIDENT THIS MORNING

PT ON SBT THIS MORNING ABLE TO FOLLOW COMMANDS

BREATING AT RATE OF 29-40 WITH TV 500-600 AND USING ACCESSORY MUSCLES SO WILL NOT
EXTUBATE THIS MORNING

ATTEMPT ANOTHER SBT IN THE AM

CONTINUE PRECEDEX AND CONTINUE RESPIRDAL 1 MG PO BID

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1015-0011

REPORT STATUS: Signed

Page 8 of 8

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

CXR APPEARS TO HAVE RIGHT PLEURAL EFFUSION SO WILL GIVE A DOSE OF LASIX 20 MG IV X ONE
(SMITH JR,KENNETH DO)

Additional Information

Condition: Critical

Critical Care Time (mins): 35

Additional Comments

TOTAL CRITICAL CARE TIME WITHOUT TEACHING OR PROCEDURES
(SMITH JR,KENNETH DO)

Attestation Statement

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

(SMITH JR,KENNETH DO)

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

(CAR,ADRIAN D MD)

CAR,ADRIAN D MD
SMITH JR,KENNETH DO

Oct 15, 2016 05:28
Oct 15, 2016 11:36

<Electronically signed by ADRIAN D CAR, MD> 10/19/16 1326

<Electronically signed by KENNETH SMITH JR, DO> 10/15/16 1138

CARAD / AC / DD 10/15/16 0528 / DT 10/15/16 0528

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1015-0011
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Progress Note**

Patient: EFUNNUGA,OLUTOKUNBO

MR # F001250247

DOB: 03/06/1979

Sex: M

Acct # FA1307223089

Date: 10/15/16

Room/Bed: 506-01

Report # 1015-0094

***** Signed Status *****

DATE OF SERVICE: 10/15/2016

SUBJECTIVE:

Patient seen and examined, a bit agitated, on ventilator, full chart reviewed, no new issues overnight.

OBJECTIVE:

VITAL SIGNS: Blood pressure 147/66, heart rate of 93, respiratory rate of 20, temperature 37.0.

GENERAL: He appears otherwise to be in no acute distress.

LUNGS: Decreased breath sound posterior chest wall.

HEART: S1, S2.

ABDOMEN: Soft, nontender.

EXTREMITIES: Without calf tenderness.

LABORATORY DATA:

CBC: WBC 14, hemoglobin 11.5, platelet count of 297. SMA-6: Sodium 138, potassium 4.4, chloride 100, CO2 of 26, BUN 11, creatinine 0.9. Blood glucose 95.

ASSESSMENT AND PLAN:

1. Respiratory failure with hypoxia and hypercapnia. Continue vent support for now.
2. Acute kidney injury with resolution.
3. Drug overdose. Continue clinical monitoring.
4. Infectious diseases. Continue on current antimicrobial regimen (ceftriaxone and gentamicin).
5. Gastrointestinal and deep venous thrombosis prophylaxis.

DICTATED BY: Mario Littman, MD

Job #:294048 Doc #:662745

<Electronically signed by MARIO LITTMAN, MD> at 10/15/16 1023

LITTMAN, MARIO MD

LITTMAN / NE / DD 10/15/16 0957 / DT 10/15/16 1013

CC: LITTMAN,MARIO, MD

REPORT #: 1015-0094

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1015-0262
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Critical Care Note Addendum

Encounter Date & Time

10/15/16 16:03

pt appeared to have a air leak

since did ok earlier today on SBT with a RSBI < 60 and hemodynamically stable following commands will proceed with extubation

if need to support ventilation and oxygenation will attempt bipap first before do proceeding intubation

after extubation appears comfortable and is very cooperative with plan if needs further intervention

total critical care time 10 min

SMITH JR,KENNETH DO

Oct 15, 2016 16:05

<Electronically signed by KENNETH SMITH JR, DO> 10/15/16 1605

SMITKEN / KS / DD 10/15/16 1605 / DT 10/15/16 1605

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1015-0262
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1016-0051
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/16/16 08:39

(OLUBIYI,OLUTAYO I MD)

Subjective

Hospital LOS days: 9

ICU LOS: 9

Subjective

Patient was seen and evaluated by the bedside. Hallucination over the night, resolved with Haloperidol.

(OLUBIYI,OLUTAYO I MD)

Subjective

feels hungry. no new complaints.

(LOZADA,JAMES A MD)

Objective

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Famotidine	20 mg	BID	10/10/16 21:00		10/15/16 20:02
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/15/16 08:06
Thiamine HCl	100 mg	DAILY	10/11/16 09:00		10/15/16 08:06
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/15/16 08:07
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BI...	Q6	10/12/16 07:45		
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41
Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Doxazosin Mesylate	1 mg	DAILY	10/13/16 09:00		10/15/16 08:06

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1016-0051
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Acetaminophen	500 mg	Q6H PRN	10/12/16 20:15		10/16/16 04:37
Docusate Sodium 100 mg	100 mg	BID	10/14/16 11:30		10/15/16 20:02
Gentamicin Sulfate 110 mg/ Sodium Chloride	52.75 ml @ 100 mls/hr	Q8	10/14/16 21:00		10/16/16 04:36
Ceftriaxone Sodium	100 ml @ 100 mls/hr	Q12	10/14/16 21:00		10/15/16 20:02
Risperidone 2 mg	2 mg	BID	10/15/16 12:15		10/15/16 20:02
Dexmedetomidine HCl/Sodium Chloride	104 ml @ 0 mls/hr	Q0M PRN	10/15/16 14:15		10/15/16 23:05

(OLUBIYI,OLUTAYO I MD)

Active Meds Reviewed: Yes

(LOZADA,JAMES A MD)**Patient Data****Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/16/16 07:00	37.5	121	35	161/85	100	Nasal Cannula	2.00	
10/15/16 19:00								40

Weight in Kg

93.00

Bedside Blood Glucose Last 24h**10/15/16 22:27:** POC Glucose 97**10/16/16 04:49:** POC Glucose 98

	10/16/16 07:00
Intake Total	1451 ml
Output Total	3975 ml
Balance	-2524 ml
IV Total	651 ml
Tube Feeding	400 ml
Tube Irrigant	400 ml
Output Urine Total	3975 ml

Sedation Score Actual

0

(OLUBIYI,OLUTAYO I MD)

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1016-0051

REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Vital Signs 24 Hours

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/16/16 10:00		93	28	121/67	100	Nasal Cannula	2.00	
10/16/16 09:00		124	36	145/96	100	Nasal Cannula	2.00	
10/16/16 08:00		117	32	159/87	100	Nasal Cannula	2.00	
10/16/16 08:00						Nasal Cannula	2.00	
10/16/16 07:00	37.5	121	35	161/85	100	Nasal Cannula	2.00	
10/16/16 06:00		108	36	142/76	95	Nasal Cannula	2.00	
10/16/16 05:00		119	38	163/78	99			
10/16/16 04:00						Nasal Cannula	2.00	
10/16/16 04:00	38.0		38	95/53	96	Nasal Cannula	2.00	
10/16/16 03:00		106	38	135/68	100	Nasal Cannula	2.00	
10/16/16 02:00		113	33	144/78	100	Nasal Cannula	2.00	
10/16/16 01:00		99	27	128/64	100	Nasal Cannula	2.00	
10/16/16 00:00						Nasal Cannula	2.00	
10/16/16 00:00		97	34	132/71	99	Nasal Cannula	2.00	
10/15/16 23:00		107	23	146/72	98	Nasal Cannula	3.00	
10/15/16 22:00		104	31	141/71	99	Nasal Cannula	3.00	
10/15/16 21:00		104	29	141/81	98	Nasal Cannula	3.00	
10/15/16 20:00	37.5	107	35	118/100	93	Nasal Cannula	3.00	
10/15/16 20:00						Nasal Cannula	3.00	
10/15/16 19:00		113	27	158/78	99	Aerosol Mask		40
10/15/16 18:00		103	36	147/71	100	Aerosol Mask		40
10/15/16 17:00		103	32	155/74	100	Aerosol Mask		40
10/15/16 16:00		114	40	157/78	100	Aerosol Mask		40
10/15/16 16:00					100	Humidified Air		50
10/15/16 16:00						Aerosol Mask		40
10/15/16 15:00		102	34	149/74	100	Ventilator		40
10/15/16 14:03			29					40
10/15/16 14:00		83	27	135/68	100	Ventilator		40
10/15/16 13:00		86		141/59	99	Ventilator		40
10/15/16 12:00						Ventilator		40
10/15/16 12:00								40
10/15/16 12:00		78		152/77	100	Ventilator		40
10/15/16 11:00		78	29	155/80	99	Ventilator		40

(LOZADA, JAMES A MD)

Physical Exam**Appearance:** : Alert: Appears Stated Age: No Acute Distress**Head Exam:** : Atraumatic: Moist Mucous Membranes: Normocephalic: Symmetric**HEENT:** : EOMI: PERRL: Sclera Anicteric**Thorax:** : CTA Bilateral: Crackles (Right side, more in the lower lobe area): Decreased Breath Sounds (Right side):
No Accessory Muscle Use**Cardiovascular:** : No JVD: Regular Rate Rhythm: No: Gallop, Murmur, Rub

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1016-0051

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

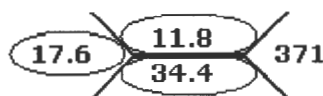
MR#: F001250247

Abdomen: : Non-distended: Non-tender: Soft**Rectal Exam:** : Deferred**Skin:** : Skin Color Normal: Skin Temperature Normal: Skin Turgor Normal**Wound Present:** No**Lower Extremity Appearance:** : Normal (**OLUBIYI, OLUTAYO I MD**)**Appearance:** : Agitated: Alert: Anxious**Thorax:** : Crackles (right side): Decreased Breath Sounds (Right side): No Accessory Muscle Use**Cardiovascular:** : Tachycardia**Pulses:** Distal Pulses 2+**Mental Status:** Abnormal (RASS +1)**Follows Commands:** Yes**Motor Response**

tremor+

(LOZADA, JAMES A MD)**Results****Results****Lab Results, CBC Diagram**

10/16/16 05:15

**Lab Results, BMP Diagram**

10/16/16 05:15

**Arterial Blood Gas**

10/7/16 17:00:

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15: Allen Test Pos

10/14/16 04:57:

Arterial Blood pH 7.44, Arterial Blood pH (Temp corrected) 7.44, Arterial Blood Partial Pressure CO2 43.5, Arterial Blood pCO2 (Temp correct) 43.5, Arterial Blood Partial Pressure O2 94, Arterial Blood pO2 (Temp corrected) 93.5, Arterial Blood HCO3 29.5, Arterial Bld O2 Saturation (Measur) 97.7, Arterial Blood Base Excess 4.8, Arterial Blood Hematocrit 37.5, Arterial Blood Sodium 140, Arterial Blood Potassium 3.8, Chloride (Blood Gas) 104, Ionized Calcium (Measured) (Bld Gas) 1.18, Lactate (Blood Gas) 1.0, Blood Gas Temperature 98.6, Oxygen Delivery Device Aerm, Blood Gas Ventilator Setting 24, FiO2 40.0, Blood Gas Tidal Volume 450, Blood Gas PEEP 5.0

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1016-0051

REPORT STATUS: Signed

Page 5 of 10

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Diagnostics Reviewed: Yes
(OLUBIYI,OLUTAYO I MD)
Lab Results

Item	Value	Date Time
Calcium Level	8.4 mg/dL L	10/16/16 0515
Phosphorus Level	3.6 mg/dL	10/16/16 0515
Magnesium Level	1.7 mg/dL L	10/16/16 0515
Total Creatine Kinase	690 U/L H	10/16/16 0515

SPEC#:FI16:M0022194R COLLECTED:10/13/16-1700 RECEIVED: 10/13/16-1903
SUBMITTING DR: KUMAR,NITISH MD CC: DOCTOR,NONE (FAMILY)
LITTMAN,MARIO, MD
MCNAMEE JR,WILLIAM B, MD
WALI,SALMAN MD

~
SOURCE: ENDOTRACH

Procedure	Result	Verified	Site
RESPIRATORY CULTURE Final GRAM STAIN RESULT	*	10/15/16-1050	
	RARE EPITHELIAL CELLS MANY WHITE BLOOD CELLS FEW GRAM POSITIVE COCCI IN PAIRS FEW GRAM NEGATIVE RODS		
CULTURE GROWTH	NORMAL RESPIRATORY FLORA RARE		
Organism 1 GROWTH	ENTEROBACTER AEROGENES MODERATE		
	ENT AEROE M.I.C. RX		

TRIMET/SULFA	<=20 S		
AZTREONAM	<=1 S		
CEF AZOLIN	>=64 R		
CEFTRIAXONE	<=1 S		
CEFEPIME	<=1 S		
CIPROFLOXACIN	<=0.25 S		
GENTAMICIN	<=1 S		
TOBRAMYCIN	<=1 S		
AMIKACIN	<=2 S		

blood cx ngtd

SPEC#:FI16:M0021812R COLLECTED:10/08/16-2100 RECEIVED: 10/08/16-2138
SUBMITTING DR: AHANGAR,WASEEM MD CC: DOCTOR,NONE (FAMILY)
LITTMAN,MARIO, MD
MCNAMEE JR,WILLIAM B, MD
WALI,SALMAN MD

~
SOURCE: SPUTUM

EXPECTORATED SPUTUM

Procedure	Result	Verified	Site
RESPIRATORY CULTURE Final GRAM STAIN RESULT	*	10/11/16-1233	
	MANY WHITE BLOOD CELLS RARE EPITHELIAL CELLS		

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1016-0051
REPORT STATUS: Signed

Page 6 of 10

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

MANY GRAM POSITIVE COCCI IN CLUSTERS
MODERATE GRAM POSITIVE COCCI IN PAIRS
FEW GRAM NEGATIVE RODS

CULTURE NO NORMAL RESPIRATORY FLORA

Organism 1 STAPHYLOCOCCUS AUREUS
GROWTH HEAVY

10/11 UPDATED GROWTH OF STAPH AUREUS

* This is a corrected result. *

A prior result that was reported as final has been changed.

	STA AUREUS M.I.C.	RX
TRIMET/SULFA	<=10	S
CLINDAMYCIN	0.25	S
ERYTHROMYCIN	0.5	S
GENTAMICIN	<=0.5	S
LEVOFLOXACIN	0.25	S
LINEZOLID	2	S
OXACILLIN	0.5	S
TETRACYCLINE	>=16	R
VANCOMYCIN	<=0.5	S

SPEC#:FI16:M0021811R COLLECTED:10/08/16-2100 RECEIVED: 10/08/16-2138
SUBMITTING DR: AHANGAR,WASEEM MD CC: DOCTOR,NONE (FAMILY)
LITTMAN,MARIO, MD
MCNAMEE JR,WILLIAM B, MD
WALI,SALMAN MD

~
SOURCE: BLOOD

Procedure	Result	Verified	Site
BLOOD CULTURE Final		10/12/16-1106	
GRAM STAIN RESULT	FROM ANAEROBIC BOTTLE: GRAM POSITIVE COCCI IN CHAINS		
POSITIVE	POSITIVE SMEAR CALLED		
CALLED TO/READ BACK BY:	DR KUMAR, NITISH		
DATE	10/09/16		
TIME CALLED	1305		
CALLED BY	GPB		
Organism 1	STREP MITIS/STREP ORALIS		
BACTEC BOTTLE	FROM ANAEROBIC BOTTLE		

	STRMO M.I.C.	RX
TRIMET/SULFA	<=10	S
CEFTRIAZONE	<=1	S
ERYTHROMYCIN	1	I
LEVOFLOXACIN	0.25	S
LINEZOLID	2	S
PENG	0.5	R
TETRACYCLINE	16	R
VANCOMYCIN	0.5	S

Diagnostics Reviewed: Yes

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1016-0051
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Imaging

cxr - interval removal of ETT and gtube. right sided infiltrate with pleural effusion essentially unchanged
(LOZADA,JAMES A MD)

Quality

Code Status: Full Code

(OLUBIYI,OLUTAYO I MD)

Lines Tubes and Catheter: PICC (10/11/2016)

(OLUBIYI,OLUTAYO I MD)

Lines Tubes and Catheter: Urinary Catheter

(LOZADA,JAMES A MD)

VTE Prophylaxis Ordered: Yes

GI Prophylaxis: H2 Blockers

(OLUBIYI,OLUTAYO I MD)

Indwelling Foley Catheter: Yes

Urinary Cath Insertion Date: Oct 13, 2016

Indication for Indwelling Cath: Acute Urinary Retention

(OLUBIYI,OLUTAYO I MD)

Central Venous Catheter: No

(OLUBIYI,OLUTAYO I MD)

Impression and Plan

Assessment

Problem List:

(1) Toxic encephalopathy

(2) Rhabdomyolysis

(3) Drug overdose

(4) Lactic acidosis

Impression and Plan: resolved

(5) AKI (acute kidney injury)

Impression and Plan: resolved

(6) Respiratory failure

Impression and Plan: resolved

(7) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: resolved

(8) On mechanically assisted ventilation

Impression and Plan: resolved

Chronic Problems: (OLUBIYI,OLUTAYO I MD)

Problem List:

(1) Acute respiratory failure with hypoxia and hypercapnia

(2) Toxic encephalopathy

(3) On mechanically assisted ventilation

(4) Lactic acidosis

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1016-0051

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

(5) Rhabdomyolysis

(6) Alcohol withdrawal delirium

(7) Urinary retention

(8) Suicidal overdose

(9) Drug overdose

Chronic Problems: (LOZADA,JAMES A MD)

Management Plan

Plan

NEU:

- Patient is fully alert and responsive. Off ETT/Mech vent.
- Had hallucinations overnight which resolved with 5mg of Haloperidol.
- Will continue to monitor neuro status
- On Precedex drip. will try to win him off this.

CV:

- Patient appears hemodynamically stable overnight.
- No major issues noted overnight.

PULM:

- Patient was successfully extubated yesterday.
- Patient is sating well on 4L O2 by nasal cannular.
- will continue ceftriaxone & gentamicin for Pneumonia due to MSSA,

GI:

- No acute issues.
- Famotidine for prophylaxis
- off tube feed.
- will continue colace for constipation.

GU:

- AKI is resolved with Cr at 0.9
- CPK levels is trending down
- Will continue to trend CPK levels until normalize
- Foley in place. for possible trial of voiding later today

ID:

- Known HIV infection. Never on any HAART. Low CD4 count.
- will f/u Sputum cultures for Pneumocystis, urine & blood cultures.
- will complete ceftriaxone & gentamicin.

HEME/ONC:

- No acute issues.
- DVT prophylaxis with Lovenox & SCDs.

ENDO:

- No active issues.
- Continue accuchecks and Regular insulin SS

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1016-0051

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

-Keep sugars <180 and >60

F/E/N:

-For speech and swallow eval. and possible diet feed.
-Continue to monitor and replete electrolytes as needed. Electrolytes currently stable.

SOCIAL:

- Full code.
- NOK: Sheree Bradham (484) 420-5809 Mother
Ellis Bradham (610) 348-4661 Father

(OLUBIYI,OLUTAYO I MD)

Plan

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

SSx consistent with alcohol withdrawal

remains on precedex drip

doing well after extubation

some dysphagia

Start CIWA-based ativan IV dosing

haldol prn

Attempt to titrate off precedex

will apply for 302, maintain 1:1 iso, psychiatry reconsulted

NPO x meds for now

NS@100cc/hr

SLP to eval

d/c famotidine

trial of void - d/c foley

check gentamicin trough - f/u with ID re: need to continue aminoglycoside synergy for ? endocarditis

(LOZADA,JAMES A MD)

Additional Information

Critical Care Time (mins): 37

Additional Comments

excludes procedures and teaching

(LOZADA,JAMES A MD)

OLUBIYI,OLUTAYO I MD

Oct 16, 2016 08:49

LOZADA,JAMES A MD

Oct 16, 2016 10:52

<Electronically signed by OLUTAYO I OLUBIYI, MD> 10/16/16 1503

<Electronically signed by JAMES A LOZADA, MD> 10/16/16 1304

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1016-0051

REPORT STATUS: Signed

Page 10 of 10

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

OLUBOL / OO / DD 10/16/16 0849 / DT 10/16/16 0849

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1016-0051
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Progress Note**

Patient: EFUNNUGA, OLUTOKUNBO

MR # F001250247

DOB: 03/06/1979

Sex: M

Acct # FA1307223089

Date: 10/16/16

Room/Bed: 506-01

Report # 1016-0233

***** Signed Status *****

DATE OF SERVICE: 10/16/2016

SUBJECTIVE:

Patient seen and examined. Now extubated. He did have some hallucinations overnight, resolved with haloperidol.

OBJECTIVE:

VITAL SIGNS: Blood pressure 160/85, heart rate of 120, temperature 37.5.

GENERAL: Patient resting quietly and in no acute distress.

HEENT: Pupils react to light and accommodation.

LUNGS: Few crackles, right side. Otherwise, decreased breath sounds.

HEART: S1, S2.

ABDOMEN: Soft, nontender.

EXTREMITIES: Without calf tenderness.

LABORATORY DATA:

CBC: WBC 17.6, hemoglobin 11.8, hematocrit 34.4, platelet count 371. SMA-6: Sodium 138, potassium 4.0, chloride 98, CO2 of 26, BUN 14, creatinine 0.9, blood sugar 95.

ASSESSMENT AND PLAN:

1. Respiratory failure with hypoxemia and hypercapnia, now resolved.
2. Acute kidney injury with resolution.
3. Drug overdose.
4. Infectious Disease. We will continue antimicrobial coverage.
5. Gastrointestinal and deep venous thrombosis prophylaxis.

DICTATED BY: Mario Littman, MD

Job #:295378 Doc #:664081

<Electronically signed by MARIO LITTMAN, MD> at 10/16/16 1449

LITTMAN, MARIO MD

LITTMAN / NE / DD 10/16/16 1349 / DT 10/16/16 1408

CC: LITTMAN, MARIO, MD

REPORT #: 1016-0233

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1016-0303
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/16/16 18:36

Service: Infectious Disease

Subjective

Pt extubated, hallucinations, responsive to stimuli, Tm 100-101

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/16/16 18:00		111	40	141/72	97	Nasal Cannula	2.00	
10/16/16 17:00	37.8							
10/15/16 19:00								40

Weight in Kg

93.00

Bedside Blood Glucose

10/16/16 04:49: POC Glucose 98

Physical Exam

pupils reactive no stridor or meningismus no hoarseness lung basal rales no cardiac m/r appreciated abd active bs nontender no guarding or pulsation iv access sites w/o induration no progressive leg edema Neuro no tremor appreciated cn pupils reactive moves all ext. plantars down

Results

Lab Results, CBC Diagram

10/16/16 05:15



Lab Results, BMP Diagram

10/16/16 05:15

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1016-0303
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Infectious Disease Progress No

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

138	98	14	95
4.0	26	0.9	

repeat blood c/s sterile

Imaging

reviewed

Impression and Plan**Plan**

bacteremia: strep mitis, repeat blood c/ sterile, echocardiogram= no vegetations or valvular abnormality,
 recommend TEE when logistically feasible

pneumonia: aspiration,

HIVD: moderately advanced, CD4 240-300

elevated temperature: pneumonic focus a reasonable consideration , new sputum c/s analysis reviewed, ordered
 sputum for cytology,

abx mgmt:adjusted to combination parental ceftriaxone and gentamicin Please obtain gentamicin serum trough level
 after three doses

discussed clinical presentation with ICU nursing staff

recommend TEE when logistically feasible

GILBERT,MARK, MD

Oct 16, 2016 18:41

<Electronically signed by MARK GILBERT, MD> 10/16/16 1842

GILBMA / MG / DD 10/16/16 1841 / DT 10/16/16 1841

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1016-0303

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1017-0069
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/17/16 07:36
(OLUBIYI, OLUTAYO I MD)

Subjective

Hospital LOS days: 11

ICU LOS: 11

Subjective

Patient was seen and examined by the bedside. On 1:1 observation protocol and CIWA protocol overnight. Reportedly became very agitated and delirious requiring violent restraints and administration of Haldol 2.5mg once. Trial of voiding was successful and patient was transitioned to Texas catheter. He is awaiting Psych review.

(OLUBIYI, OLUTAYO I MD)

Subjective

Intermittent agitation responsive to ativan and haldol. Remains on precedex infusion.

(LOZADA, JAMES A MD)

Review of Systems

Unable to Obtain: Sedated.

(OLUBIYI, OLUTAYO I MD)

Objective

Active Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/16/16 08:39
Thiamine HCl	100 mg	DAILY	10/11/16 09:00		10/16/16 08:39
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/16/16 08:41
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BL...	Q6	10/12/16 07:45		
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1017-0069
REPORT STATUS: Signed

Page 2 of 7

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Doxazosin Mesylate	1 mg	DAILY	10/13/16 09:00		10/16/16 08:40
Acetaminophen	500 mg	Q6H PRN	10/12/16 20:15		10/16/16 19:54
Docusate Sodium 100 mg	100 mg	BID	10/14/16 11:30		10/16/16 19:53
Gentamicin Sulfate/Sodium Chloride	52.75 ml @ 100 mls/hr	Q8	10/14/16 21:00		10/17/16 04:43
Risperidone 2 mg	2 mg	BID	10/15/16 12:15		10/16/16 19:53
Ceftriaxone Sodium	100 ml @ 100 mls/hr	DAILY	10/17/16 09:00		
Lorazepam	1 mg	Q1H PRN	10/16/16 11:00		
Lorazepam 2 mg	2 mg	Q1H PRN	10/16/16 11:00		10/17/16 06:31
Sodium Chloride	1,000 ml @ 100 mls/hr	Q10H	10/16/16 11:00		10/17/16 04:44
Albuterol/ Ipratropium 3 ml	3 ml	Q4H PRN	10/16/16 15:30		
Dexmedetomidine HCl/Sodium Chloride	104 ml @ 0 mls/hr	Q0M PRN	10/16/16 23:00		10/17/16 06:39

(OLUBIYI,OLUTAYO I MD)

Active Meds Reviewed: Yes

(LOZADA,JAMES A MD)

Patient Data**Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/17/16 06:00		81	36	113/60	97	Nasal Cannula	2.00	
10/17/16 05:00	36.7							
10/15/16 19:00								40

Weight in Kg

93.00

Bedside Blood Glucose Last 24h

10/16/16 10:48: POC Glucose 104

10/16/16 16:41: POC Glucose 90

10/17/16 04:42: POC Glucose 90

	10/17/16

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1017-0069

REPORT STATUS: Signed

Mercy Fitzgerald Hospital **Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

	07:00
Intake Total	2199 ml
Output Total	1600 ml
Balance	599 ml
Intake Oral	180 ml
IV Total	2019 ml
Output Urine Total	1600 ml

Sedation Score Actual

-2

(OLUBIYI, OLUTAYO I MD)

Vital Signs 24 Hours

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/17/16 10:00		112	34	152/73	96	Nasal Cannula	2.00	
10/17/16 09:00		109	38	150/76	100	Nasal Cannula	2.00	
10/17/16 08:00	37.5	101	40	142/73	100	Nasal Cannula	2.00	
10/17/16 08:00						Nasal Cannula	2.00	
10/17/16 07:00		106	40	137/77	96	Nasal Cannula	2.00	
10/17/16 06:00		81	36	113/60	97	Nasal Cannula	2.00	
10/17/16 05:00	36.7	80	39	140/65	97	Nasal Cannula	2.00	
10/17/16 04:00		80	36	143/66	97	Nasal Cannula	2.00	
10/17/16 04:00						Nasal Cannula	2.00	
10/17/16 03:00		80	38	133/67	98	Nasal Cannula	2.00	
10/17/16 02:00		82	40	133/65	97	Nasal Cannula	2.00	
10/17/16 01:00		84	37	126/67	97	Nasal Cannula	2.00	
10/17/16 00:00		82	31	127/63	98	Nasal Cannula	2.00	
10/17/16 00:00						Nasal Cannula	2.00	
10/16/16 23:00		83	35	126/61	98	Nasal Cannula	2.00	
10/16/16 22:00	37.7	103	42	118/56	97	Nasal Cannula	2.00	
10/16/16 21:00		103	42	136/66	97	Nasal Cannula	2.00	
10/16/16 20:00						Nasal Cannula	2.00	
10/16/16 20:00		132	30	152/75	97	Nasal Cannula	2.00	
10/16/16 19:00		120	26	153/68	99	Nasal Cannula	2.00	
10/16/16 18:00		111	40	141/72	97	Nasal Cannula	2.00	
10/16/16 17:00	37.8	117	37	143/78	97	Nasal Cannula	2.00	
10/16/16 16:00						Nasal Cannula	2.00	
10/16/16 16:00		106	34	139/71	97	Nasal Cannula	2.00	
10/16/16 15:00		104	39	140/62	98	Nasal Cannula	2.00	
10/16/16 14:00		84	33	121/59	99	Nasal Cannula	2.00	
10/16/16 13:00		98	15	136/99	98	Nasal Cannula	2.00	
10/16/16 12:00		101	29	132/60	100	Nasal Cannula	2.00	
10/16/16 12:00						Nasal Cannula	2.00	

(LOZADA, JAMES A MD)

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1017-0069

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Physical Exam

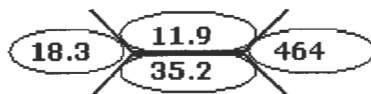
Appearance: : Appears Stated Age: No Acute Distress No: Alert**Head Exam:** : Atraumatic: Normocephalic: Symmetric**HEENT:** : EOMI: PERRL: Sclera Anicteric**Thorax:** : CTA Bilateral: Decreased Breath Sounds (over the Right hemithorax): No Accessory Muscle Use**Cardiovascular:** : No JVD: Regular Rate Rhythm No: Gallop, Murmur, Rub**Abdomen:** : Bowel Sounds Noted: Non-distended: Non-tender: Soft**Rectal Exam:** : Deferred**Skin:** : Skin Color Normal: Skin Temperature Normal: Skin Turgor Normal**Upper Extremity Appearance:** : Normal**Lower Extremity Appearance:** : Normal**Pulses:** Distal Pulses 2+**(OLUBIYI, OLUTAYO I MD)****Appearance:** : Lethargic**Mental Status:** Abnormal (delirious, intermittently agitated)**Follows Commands:** Yes**(LOZADA, JAMES A MD)**

Results

Results

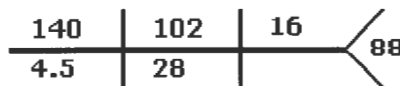
Lab Results, CBC Diagram

10/17/16 05:50



Lab Results, BMP Diagram

10/17/16 05:50



Arterial Blood Gas

10/7/16 17:00:

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15: Allen Test Pos

10/14/16 04:57:

Arterial Blood pH 7.44, Arterial Blood pH (Temp corrected) 7.44, Arterial Blood Partial Pressure CO2 43.5, Arterial Blood pCO2 (Temp correct) 43.5, Arterial Blood Partial Pressure O2 94, Arterial Blood pO2 (Temp corrected) 93.5,

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1017-0069

REPORT STATUS: Signed